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HEALTH STATISTICS

FROM THE U. S. NATIONAL HEALTH SURVEY

Veterans
health and medical care

United States
July 1957-June 1958

Selected statistics relating to disability days, limitation of activity and mobility, severity criteria for chronic conditions, impairments, physician visits, and hospital discharges. Based on data collected in household interviews during July 1957-June 1958

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The U. S. National Health Survey is a continuing program under which the Public Health Service makes studies to determine the extent of illness and disability in the population of the United States and to gather related information. It is authorized by Public Law 652, 84th Congress.

CO-OPERATION OF THE BUREAU OF THE CENSUS

Under the legislation establishing the National Health Survey, the Public Health Service is authorized to use, insofar as possible, the services or facilities of other Federal, State, or private agencies. For the Health Interview Survey the Bureau of the Census designed and selected the sample, conducted the household interviews, and processed the data in accordance with specifications established by the Public Health Service.

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EXPLANATION OF SYMBOLS

Data not available (three dashes)-----	---
Category not applicable (three dots)-----	...
Quantity is zero (1 dash)-----	-
Magnitude greater than zero but less than one-half of the unit used-----	0 or 0.0
Magnitude of the sampling error precludes showing separate estimates-----	(*)

VETERANS

health and medical care

INTRODUCTION

During the survey year July 1957-June 1958 the questionnaire used by the U. S. National Health Survey included a series of questions on veteran status. A group of tabulations was designed which used this series of questions to divide all males age 15 or over into two groups—veterans and nonveterans. In some tabulations the veterans were further divided according to the war in which they served. The data thus collected are presented in this report.

A large part of the report is devoted to selected health characteristics of veterans and nonveterans and to the extent to which these two groups utilize the services of physicians and hospitals. This major section of the report is followed by detailed tables for a number of health characteristics and then by a short section on veterans classified in three war groups: the Korean conflict, World War II, and World War I combined with the Spanish-American War.

Three appendices at the end of the report present details of the survey including the sampling errors, definitions and concepts, and the questionnaire.

For those interested in more information about the specific topics discussed, there is a list of selected reports from the U. S. National Health Survey inside the back cover.

HIGHLIGHTS FROM THE REPORT

Data from the U. S. National Health Survey reveal that veterans spent 131.3 million days in bed and lost 142.6 million days from work during the year July 1957-June 1958. The number of days per person was lowest for the youngest ages and increased with advancing age.

Of the 20 million wartime veterans, 9.8 million were reported as having one or more chronic conditions. Some 2.2 million were reported to be limited in their usual activities because of a chronic condition including half a million who were unable to work. Approximately half (4.8 million) of those with chronic conditions were currently receiving medical care for one or more conditions. It is estimated that 2.4 million veterans spent one or more days in bed during the year prior to interview because of their chronic conditions.

There were 3.8 million impairments reported for veterans. Hearing impairments and orthopedic impairments of the back or spine were most commonly reported and together accounted for 43 percent of all impairments. In contrast, severe visual impairments, absence of extremities, paralysis, and deformities of the back or spine together comprised only eight percent of all impairments.

An estimated 1.5 million hospital discharges during the year were discharges of veterans. Only 17 percent of the discharges of veterans were from Veterans Administration hospitals. However, of the 24 million hospital days reported, 48 percent were in Veterans Administration hospitals. This is because the average length of stay for veterans was longer in Veterans Administration hospitals than in any other type of hospital.

SOURCE OF DATA

The material presented in this report is derived from household interviews conducted by the U. S. National Health Survey during the period July 1, 1957 through June 29, 1958. Interviews, obtained from a continuous sample of the civilian noninstitutional population of the United States, were conducted in approximately 36,000 households and covered about 115,000 persons.

A description of the survey design, methods used in estimation, and the general qualifications of the data are presented in Appendix I. Particular attention is called to the section entitled "Reliability of estimates." Since all estimates presented in this report are based on a sample of the population rather than on the entire population, they are subject to sampling error. The sampling errors for most of the estimates presented are of relatively low magnitude. However, where an estimated number or the numerator or denominator of a rate or percent is small, the sampling error may be high. Such estimates, therefore, must be interpreted with caution.

Definitions of certain terms used in this report are given in Appendix II. Since many of the terms have specialized meanings for the purposes of the survey, familiarity with these definitions will assist the reader in interpreting the material presented.

The questionnaire which was used during the year July 1957-June 1958 is reproduced in Appendix III. Those sections which apply to material presented in this report include questions 4, 5, 9-20, 25, and 26, Tables I and II, and cards A, B, C, and G.

For the demographic questions (1-10) any responsible adult member of the family is an eligible respondent. For all other items on the questionnaire the interviewer is instructed to interview each adult for himself if he is at home at the time of the interview. Since these items relate to the health and medical care of the individual, he should be the best source of information.

QUALIFICATIONS OF THE DATA

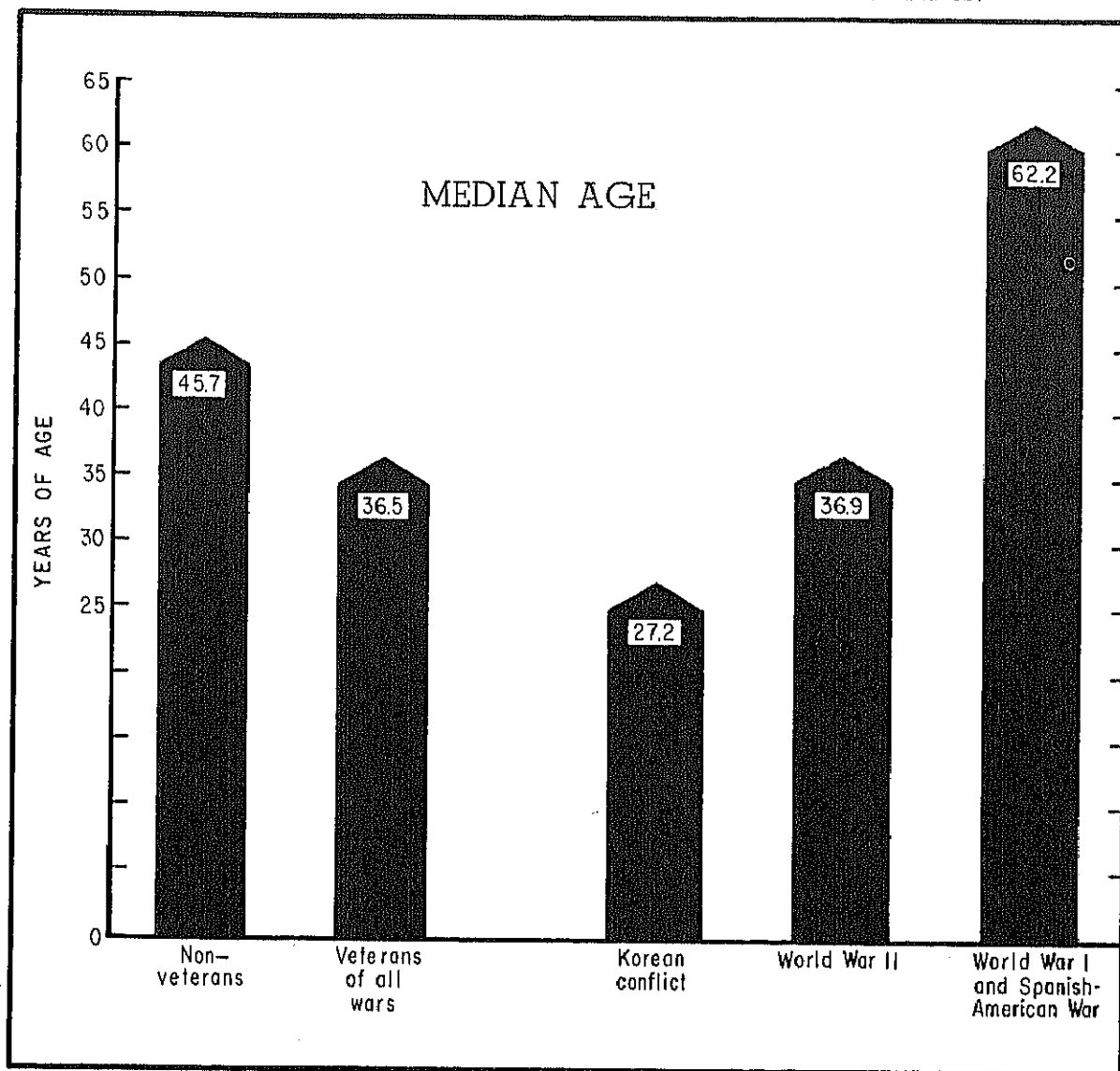
Although the detailed tables in this report show veterans and nonveterans in the same table the reader is cautioned that comparison of these groups is subject to two major sources of bias, neither of which could be eliminated by survey techniques.

The first of these biases results from the initial selection or rejection of men for military service largely on the basis of health characteristics. Men were rejected because of physical defects or impairments, or were not required to serve in the Armed Forces for other reasons which might cause nonveterans to differ from veterans. It is not possible to determine the extent to which this initial selection, or subsequent war service of the veteran group, has differentially affected health status or use of medical services of veterans as compared with nonveterans.

The second source of bias in such comparisons is that the age distributions are markedly different. This is due to the dates of service of the three groups which constitute the veteran population and also to the numerical size of each of the groups. The veteran population is heavily weighted by the estimated 12.5 million veterans of World War II, about half (6.2 million) of whom were between the ages of 35 and 44 at the time of this survey. The second peak in the age distribution of veterans is produced by the Korean conflict veterans, four fifths (3.7 million) of whom were between 20 and 29 years of age during the survey period July 1957-June 1958. Still a third peak results from the fact that two thirds (1.9 million) of the veterans of other wars were between 55 and 64 years of age. The median age for each group is shown in figure 1 and a detailed age distribution is presented in table 25.

A further problem in the age distributions is that both the youngest and the oldest groups are heavily weighted with nonveteran males who are completely outside the age range of the veterans. For these reasons it is best to make comparisons of age specific rates only between the ages of 25 and 64 years. Comparisons for all ages, ages 15-24, and ages over 64 should not be made without keeping age differences in mind.

FIGURE 1. MEDIAN AGE FOR MALES 15 YEARS OF AGE AND OVER BY VETERAN STATUS.



As with other material from the National Health Survey, these data are based only on the civilian noninstitutional population of the United States. No attempt has been made to estimate the illness or medical care rates for those persons who reside in nursing homes, mental institutions, homes for the aged, infirm or needy, or other hospitals and homes providing specialized care. Inclusion of these persons would elevate the numbers and rates of chronic conditions and limitation of activity and mobility, especially for the older age groups, and their absence should be borne in mind when interpreting these data.

DISABILITY DAYS

During the year July 1957-June 1958 an estimated 345.8 million days of restricted activity, 131.3 million days in bed, and 142.6 million days lost from work due to illness were reported for veterans (table 2). This results in an average of 17.3 restricted-activity days, 6.6 bed-days, and 7.1 work-loss days per person per year. As would be expected, the number of each kind of disability day per person per year increased with age. There was, for example, an increase from a low of 8.8 restricted-activity days per person during the year for the age group 17-24 to a high of 59.0 days per person for the age group 65 and over.

For nonveterans an estimated 675.8 million days of restricted activity (20.8 per person), 234.0 million days in bed (7.2 per person), and 253.0 million days lost from work (7.8 per person) were reported during the year. The number of days per person increased with age for this group also.

Since the survey year discussed in this report includes the fall of 1957 when the Asian influenza epidemic was afflicting the Nation, one can assume that the number of disability days during this year was higher than it would be during a more typical year. Some idea of the effect of this epidemic can be obtained from Health Statistics from the U. S. National Health Survey, Series B, No. 10, which gives the number of each type of disability day by quarter for the year July 1957-June 1958.

The three types of disability days discussed here are not mutually exclusive and hence are not additive. A day of restricted activity is a day on which a person had to cut down on his usual activities because of an illness or an injury. A day of bed disability is a day on which a person spent more than half the daylight hours in bed or was a patient in the hospital. A day lost from work is a day on which a person did not go to work because of an illness or an injury. Thus, by definition, restricted-activity days include both bed-days and work-loss days, but bed-days and work-loss days overlap only if the person stayed at home in bed on a normal working day. Since most men work only five days a week, and often in the oldest and youngest age groups they work less than five days a week, it is quite possible to have a bed-day which is not a work-loss day. Conversely, since a man can remain home from work because of an illness which is not serious enough to keep him in bed, it is possible to have a work-loss day which is not a bed-day.

CHRONIC CONDITIONS AND ASSOCIATED LIMITATION OF ACTIVITIES

Of approximately 20 million veterans in the civilian noninstitutional population of the United States, an estimated 9.8 million reported one or more chronic conditions (table 3). The 9.8 million included 2.2 million who were reported to be limited in their activities to some degree because of a chronic condition, and those in turn included 1.7 million who were reported to be limited in the amount or kind of work which they could do. An estimated one-half million of the 1.7 million were reported to be unable to work.

Of the 35 million civilian males over the age of 15 who had never served during a period of war, 17.2 million or 49 percent had one or more chronic conditions; 15 percent were reported as limited in activity in some way; 12 percent were said to be limited in their work; and 5 percent were unable to work.

The amount of activity limitation is one way of judging the severity of the chronic conditions which were reported in the interview. Two other measures of severity are shown in table 4. About 52 percent of all males over 14 who reported chronic conditions also reported that they were "under care" for one or more conditions. That is, they were still receiving medicine or treatment or following a physician's advice. A smaller fraction, 23 percent of those who reported chronic conditions, said that they were kept in bed for at least one day during the 12 months prior to interview because of one or more of the conditions.

Table 5 shows the veterans and nonveterans in each age group who were reported as having some degree of mobility limitation. The different degrees of mobility limitation are not shown separately because of the size of the sampling error associated with the small numbers. Only 1.9 million males age 15 or over had any limitation of mobility due to chronic conditions. Of these, 0.4 million were veterans and 1.5 million were nonveterans.

Regardless of the measure of severity used, the percent of the population affected rises with increasing age. The rate of increase varies somewhat among the different measures and between the veterans and nonveterans, but the increase with age is always present.

Further details on limitation of activity and mobility can be found in Health Statistics from the U. S. National Health Survey, Series B, Number 11.

IMPAIRMENTS

The term impairment refers to certain chronic or permanent defects representing, for the most part, a decrease or loss of ability to perform certain functions; particularly functions of the musculoskeletal system and special senses. Impairments are grouped into broad categories from a more detailed impairment code used by the National Health Survey. The complete classification can be found in Health Statistics from the U. S. National Health Survey, Series B, Number 9.

In using tables 6 and 7 it is necessary to remember that these tables enumerate impairments and not persons with impairments. Thus some of the rise in rates seen in table 6 may be due to older males having two or more impairments of different types, such as a hearing impairment and a missing finger. However, multiple impairments probably do not account for all of the rise, since the impairments exhibit the same age pattern as the chronic conditions in the preceding tables.

Table 7 shows the number of impairments by type. Most common are hearing impairments, which account for 21.9 percent of all impairments among veterans and 27.9 percent among nonveterans. Next most common in both groups are the orthopedic impairments of the back or spine exclusive of paralysis and deformity. This category of chronic back conditions, which includes such ill-defined terms as "stiff" or "aching" back, as well as specific conditions, accounts for 21.3 percent of all impairments among veterans and 13.1 percent among nonveterans. After the hearing defects and the specified back conditions, the rank orders of impairments are different in the two veteran groups, but it is worth noting that the serious impairments, i.e., severe visual impairments, absence of arms or legs, paralysis of any kind, and deformities of the back or spine account for a low proportion of all impairments in both groups.

MEDICAL CARE

PHYSICIAN VISITS

The 20 million veterans made an estimated 90.7 million visits (4.5 visits per person) to a physician during the year July 1957-June 1958. Like the number of disability days, the number of physician visits was probably unusually high due to the Asian influenza epidemic. The 35 million nonveterans averaged 4.4 visits per person during the year. Since table 8 indicates that the trend with age is very slight, tables 9 and 10 are presented without age divisions.

Table 9 shows that slightly more than two thirds of all visits were office visits, slightly more than a tenth were made at hospital clinics, and the other 20 percent were divided between home, telephone, company or industry health unit, and other places. There is no significant difference between veterans and nonveterans.

About 81 percent of all visits were for diagnosis or treatment of a condition (table 10). General checkups and immunizations or vaccinations accounted for most of the remaining types of service.

HOSPITALIZATION

The present report is limited to statistics on completed episodes of short-stay hospitalization, i.e., hospital discharges from certain types of hospitals, those in which most patients stay for less than 30 days. These are short-stay hospitals.

Table A shows the percent of all discharges which are from short-stay hospitals. From this it can be seen that a very high proportion of all discharges are from short-stay hospitals and that the data are not seriously affected by the omission of the others.

It is important to note that these hospitalization statistics exclude all hospitalizations in the year for persons who died before the household was interviewed.

Table A. Number of hospital discharges for males age 15 or over by age, veteran status, type of hospital stay, and percent of discharges from short-stay hospitals: United States, July 1957-June 1958

Veteran status and type of hospital	Age						
	All ages 15+	15-24	25-34	35-44	45-54	55-64	65+
<u>All males</u>							
All hospitals-----	4,770	639	732	788	874	891	847
Short-stay hospitals-----	4,498	610	685	723	828	843	810
Percent short stay-----	94.3	95.5	93.6	91.8	94.7	94.6	95.6
<u>Veterans</u>							
All hospitals-----	1,665	92	498	440	182	299	155
Short-stay hospitals-----	1,546	82	461	401	168	283	151
Percent short stay-----	92.9	89.1	92.6	91.1	92.3	94.6	97.4
<u>Nonveterans</u>							
All hospitals-----	3,105	547	234	348	692	592	691
Short-stay hospitals-----	2,952	528	224	322	659	560	659
Percent short stay-----	95.1	96.5	95.7	92.5	95.2	94.6	95.4

Table 11 shows the average length of stay in days for discharged patients by age. For both veterans and nonveterans, men 25-54 years of age have a shorter hospital stay than those who are older.

Among families interviewed in the year July 1957-June 1958 there were an estimated 1.5 million veterans discharged from short-stay hospitals in the year prior to the interview. Of these about 17.4 percent were discharged from Veterans Administration hospitals (table 12). However, these 1.5 million men spent 24.1 million days in the hospital and 48.4 percent of the days were in Veterans Administration hospitals. This means that the average length of stay (43.4 days per discharge) in Veterans Administration hospitals was considerably longer than that in other hospitals. Possibly veterans go to local hospitals for minor illnesses when the cost will be low or when hospitalization insurance will cover most of the cost, and enter or transfer to a Veterans Administration hospital only when a long and expensive period of hospitalization is expected.

Additional information on comparing the average length of stay of veterans and nonveterans for each type of hospital is given in table 12. In the non-Fed-

Table B. Average length of stay for short-stay hospitals (excluding Veterans Administration): United States, July 1957-June 1958

Veteran status	Discharges (in thousands)	Days (in thousands)	Average length of stay (in days)
Veterans-----	1,277	12,418	9.7
Nonveterans-----	2,924	33,338	11.4

eral hospital the average length of stay of the nonveteran is longer than that of the veteran. The differences are all small enough to be due to chance, but they are consistent. This consistency and the length of stay for all non-Veterans Administration hospitals (table B) are in agreement with the supposition that the veteran goes to the Veterans Administration hospital for his long-term illnesses.

Another factor which helps to explain this finding is that the Veterans Administration general hospitals take more patients with long-term types of conditions than the same category of non-Veterans Administration hospitals. The inclusion of these long-term patients of course increases the average length of stay.

For more information on hospitalization as reported in the survey, see Health Statistics from the U. S. National Health Survey, Series B, Number 7.

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Table 1. Number of adult males and number of adult males whose major activity during the 12 months prior to interview was working by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 1.]

Age	Veteran status					
	All males		Veterans		Nonveterans	
	Total	"Usually working"	Total	"Usually working"	Total	"Usually working"
All ages-17+--	52,452	41,923	20,017	17,927	32,435	23,995
17-24-----	7,187	3,965	1,164	818	6,022	3,147
25-44-----	21,885	20,793	13,532	12,943	8,353	7,849
45-54-----	9,592	9,024	2,115	1,984	7,478	7,040
55-64-----	7,147	6,034	2,281	1,838	4,866	4,196
65-74-----	4,511	1,767	841	328	3,670	1,439
75+-----	2,131	339	85	(*)	2,046	324

PERCENT OF ADULT MALES WHOSE MAJOR ACTIVITY DURING THE 12 MONTHS PRIOR TO INTERVIEW WAS WORKING BY VETERAN STATUS AND AGE.

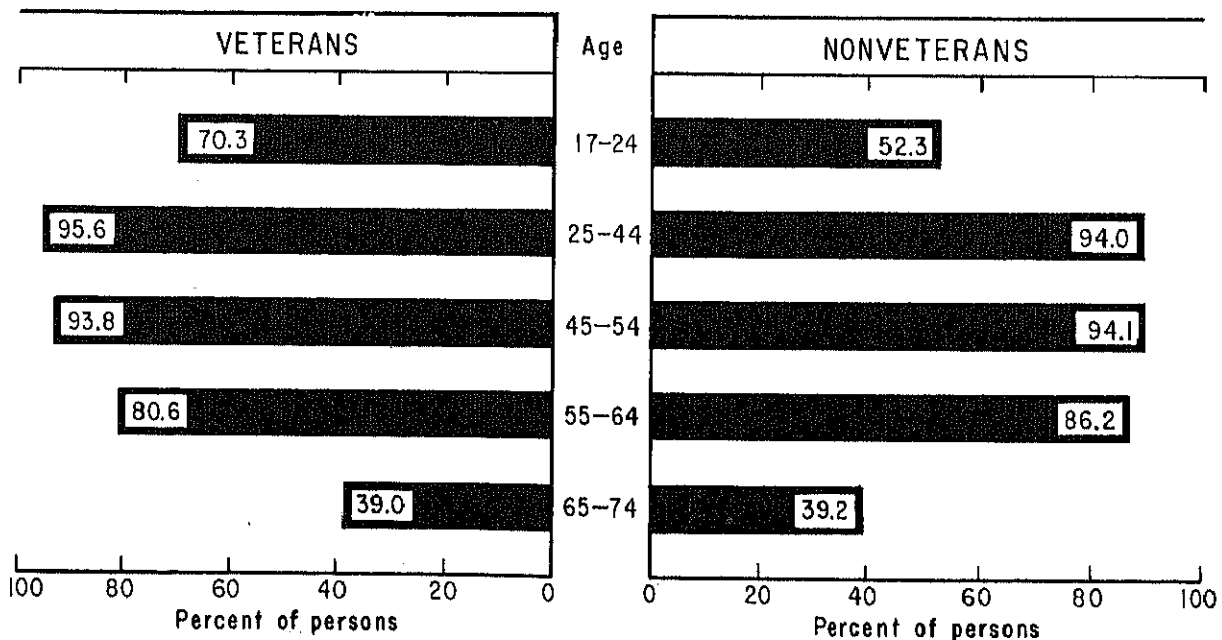
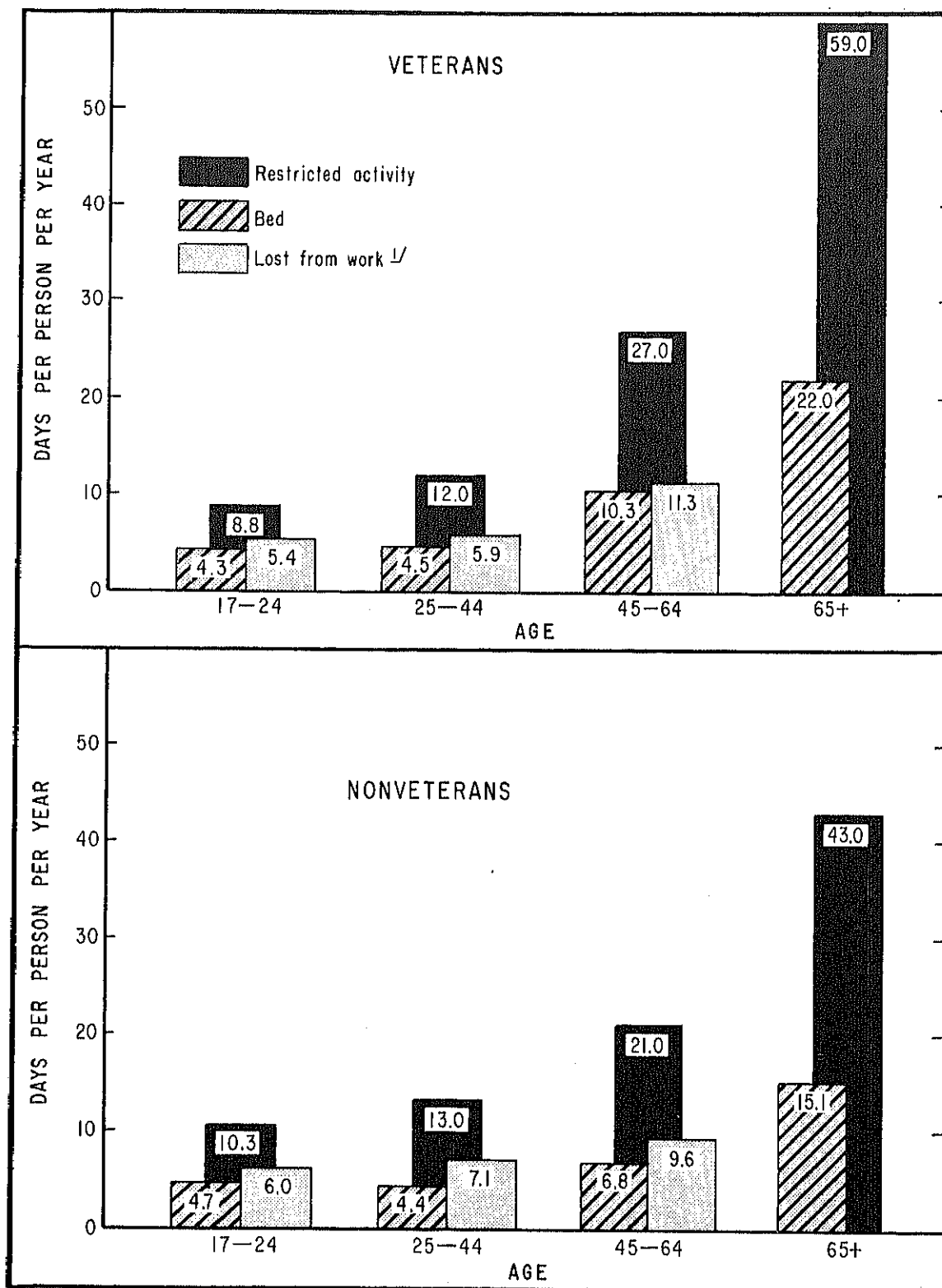


Table 2. Number of restricted-activity, bed-disability, and work-loss days for adult males by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Veteran status and age	Number of days (in thousands)		
	Of restricted activity	In bed	Lost from work
<u>All males</u>			
All ages-17+-----	1,021,572	365,325	395,632
17-24-----	72,534	33,003	42,157
25-44-----	270,785	97,254	139,280
45-64-----	377,841	128,531	168,415
65+-----	300,412	106,537	45,780
<u>Veterans</u>			
All ages-17+-----	345,804	131,291	142,609
17-24-----	10,285	4,966	6,324
25-44-----	162,286	60,828	79,816
45-64-----	118,599	45,127	49,662
65+-----	54,635	20,370	6,806
<u>Nonveterans</u>			
All ages-17+-----	675,768	234,035	253,024
17-24-----	62,249	28,037	35,833
25-44-----	108,499	36,426	59,464
45-64-----	259,242	83,404	118,753
65+-----	245,778	86,168	38,974

NUMBER OF DISABILITY DAYS PER PERSON PER YEAR FOR ADULT MALES BY VETERAN STATUS AND AGE.



¹Number of days lost from work per person is not shown for age 65 and over because the majority are not "usually working," and thus cannot lose time from work.

Table 3. Number of adult males by degree of activity limitation due to chronic conditions by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Veteran status and age	All males	With one or more chronic conditions			
		Total	With activity limitation		
			Total	With work limitation	
				Total	Unable to work

Number of males in thousands					
<u>All males</u>					
All ages-15+-----	55,066	27,015	7,545	5,985	2,205
15-29-----	14,980	4,702	608	355	78
30-44-----	16,706	7,670	1,275	973	157
45-54-----	9,592	5,174	1,167	880	213
55-64-----	7,147	4,476	1,599	1,303	482
65-74-----	4,511	3,315	1,787	1,493	655
75+-----	2,131	1,679	1,109	981	620
<u>Veterans</u>					
All ages-15+-----	20,017	9,766	2,246	1,733	526
15-29-----	4,051	1,518	185	121	(*)
30-44-----	10,645	4,873	733	546	73
45-54-----	2,115	1,142	234	168	(*)
55-64-----	2,281	1,483	614	484	207
65-74-----	841	674	423	366	168
75+-----	85	77	(*)	(*)	(*)
<u>Nonveterans</u>					
All ages-15+-----	35,049	17,249	5,299	4,251	1,679
15-29-----	10,930	3,184	423	234	(*)
30-44-----	6,060	2,797	542	427	84
45-54-----	7,478	4,032	934	711	174
55-64-----	4,866	2,994	985	818	275
65-74-----	3,670	2,640	1,364	1,127	487
75+-----	2,046	1,602	1,051	934	599

PERCENT OF ADULT MALES WITH SPECIFIC DEGREE OF ACTIVITY LIMITATION DUE TO CHRONIC CONDITIONS BY VETERAN STATUS AND AGE.

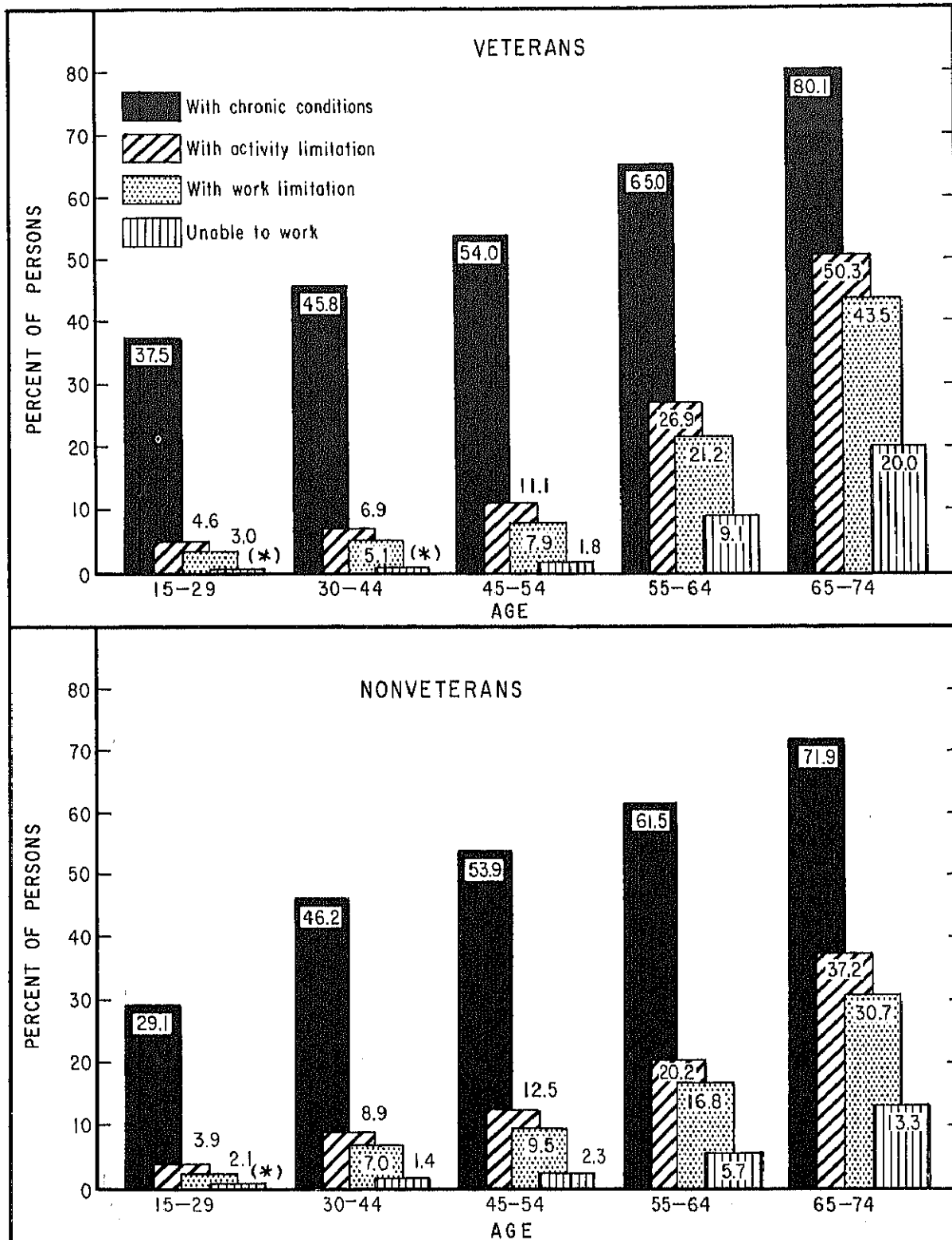


Table 4. Number of adult males with one or more chronic conditions under medical care and number with one or more days of bed disability in the year due to chronic conditions by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Veteran status and age	All males	With one or more chronic conditions		
		Total	Under care	With 1+ bed-days
Number of males in thousands				
<u>All males</u>				
All ages-15+-----	55,066	27,015	13,932	6,254
15-29-----	14,980	4,702	2,012	1,009
30-44-----	16,706	7,670	3,625	1,729
45-54-----	9,592	5,174	2,749	1,181
55-64-----	7,147	4,476	2,518	1,139
65-74-----	4,511	3,315	2,019	800
75+-----	2,131	1,679	1,010	396
<u>Veterans</u>				
All ages-15+-----	20,017	9,766	4,846	2,371
15-29-----	4,050	1,518	620	331
30-44-----	10,645	4,873	2,307	1,145
45-54-----	2,115	1,142	610	270
55-64-----	2,281	1,483	853	422
65-74-----	841	674	407	187
75+-----	85	77	(*)	(*)
<u>Nonveterans</u>				
All ages-15+-----	35,049	17,249	9,086	3,883
15-29-----	10,930	3,184	1,392	678
30-44-----	6,060	2,797	1,318	585
45-54-----	7,478	4,032	2,139	911
55-64-----	4,866	2,994	1,665	717
65-74-----	3,670	2,640	1,611	613
75+-----	2,046	1,602	962	379

PERCENT OF ADULT MALES WITH ONE OR MORE CHRONIC CONDITIONS UNDER MEDICAL CARE AND PERCENT WITH ONE OR MORE DAYS OF BED DISABILITY IN THE YEAR DUE TO CHRONIC CONDITIONS BY VETERAN STATUS AND AGE.

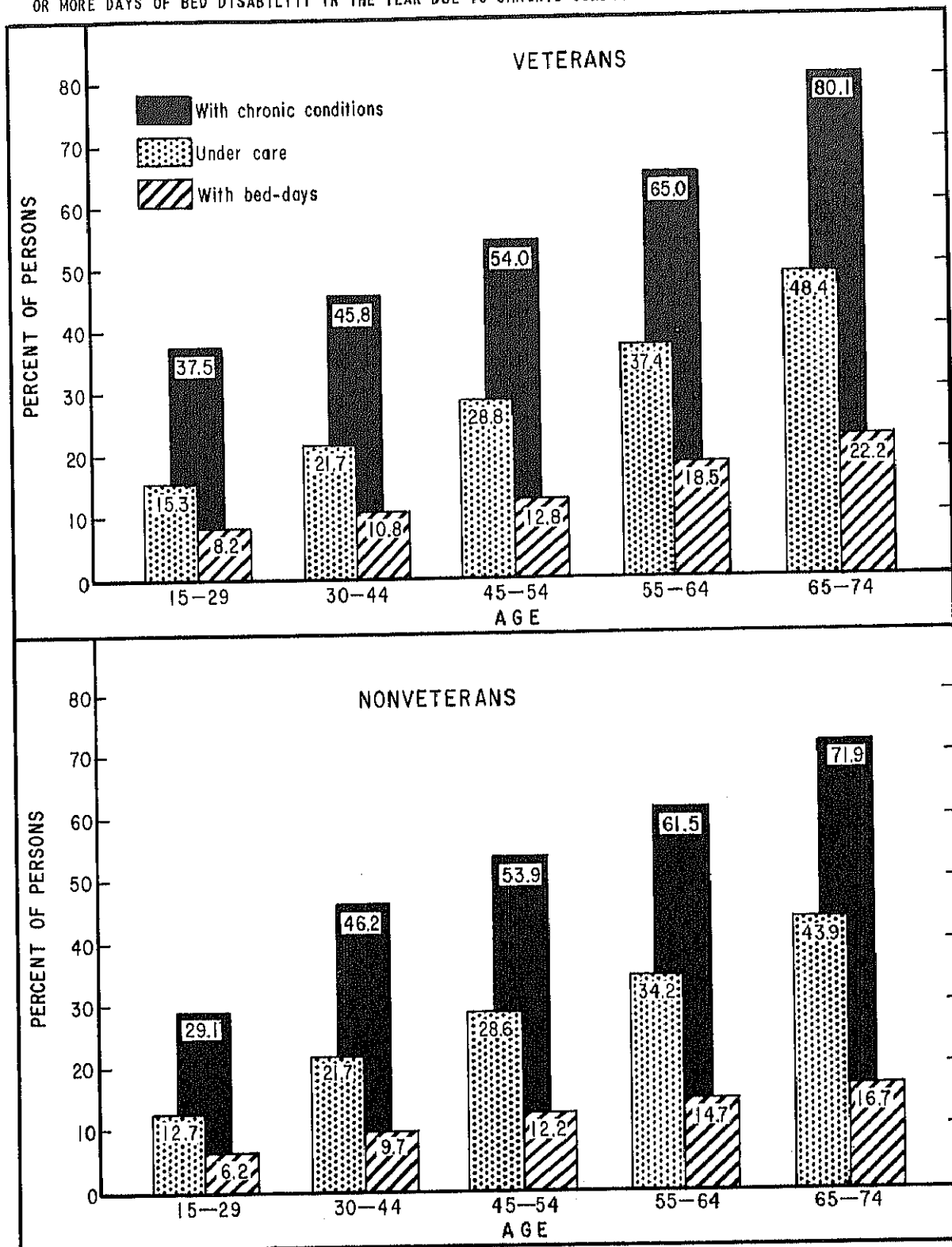


Table 5. Number of adult males and number with limitation of mobility due to chronic conditions by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	Veteran status					
	All males		Veterans		Nonveterans	
	Total	With mobility limitation	Total	With mobility limitation	Total	With mobility limitation
Number of males in thousands						
All ages-15+-----	55,066	1,947	20,017	445	35,049	1,502
15-29-----	14,980	(*)	4,051	(*)	10,930	(*)
30-44-----	16,706	186	10,645	96	6,060	90
45-54-----	9,592	220	2,115	45	7,478	175
55-64-----	7,147	418	2,281	172	4,866	247
65-74-----	4,511	497	841	94	3,670	403
75+-----	2,131	551	85	(*)	2,046	525

PERCENT OF ADULT MALES WITH LIMITATION OF MOBILITY DUE TO CHRONIC CONDITIONS BY VETERAN STATUS AND AGE.

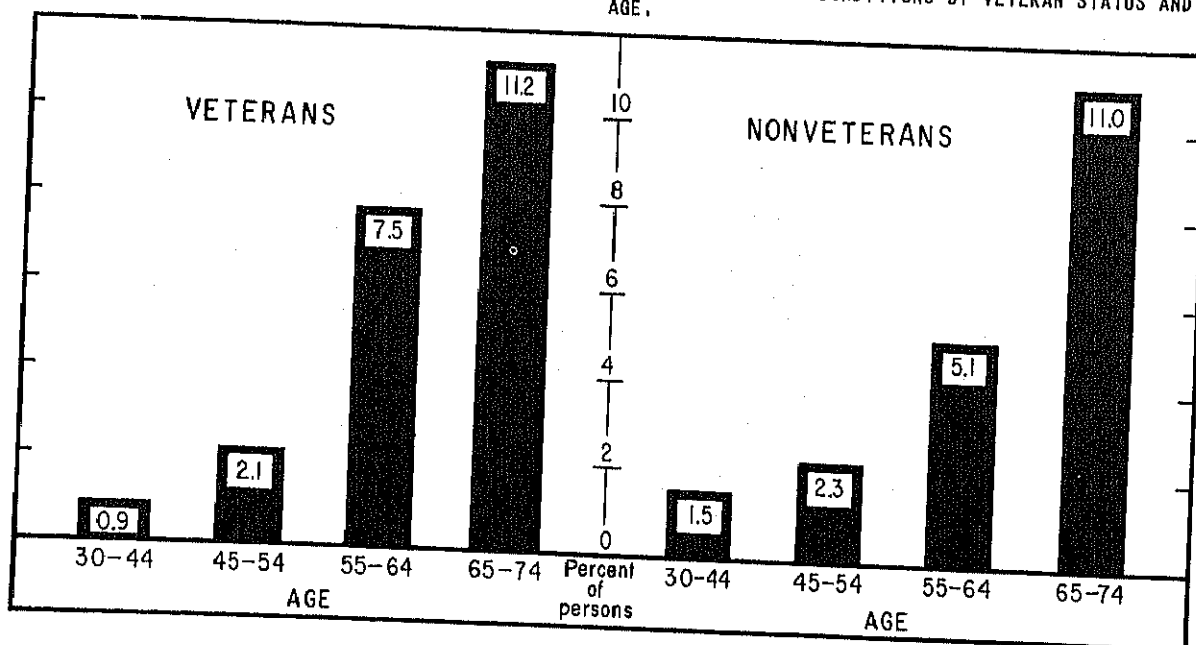


Table 6. Number of impairments by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	Veteran status		
	All males	Veterans	Nonveterans
Number of impairments in thousands			
All ages-15+-----	11,924	3,772	8,152
15-24-----	952	161	791
25-44-----	3,493	1,966	1,526
45-54-----	2,073	424	1,649
55-64-----	2,061	728	1,333
65-74-----	1,981	436	1,545
75+-----	1,364	(*)	1,308

NUMBER OF IMPAIRMENTS PER 1,000 PERSONS BY VETERAN STATUS AND AGE.

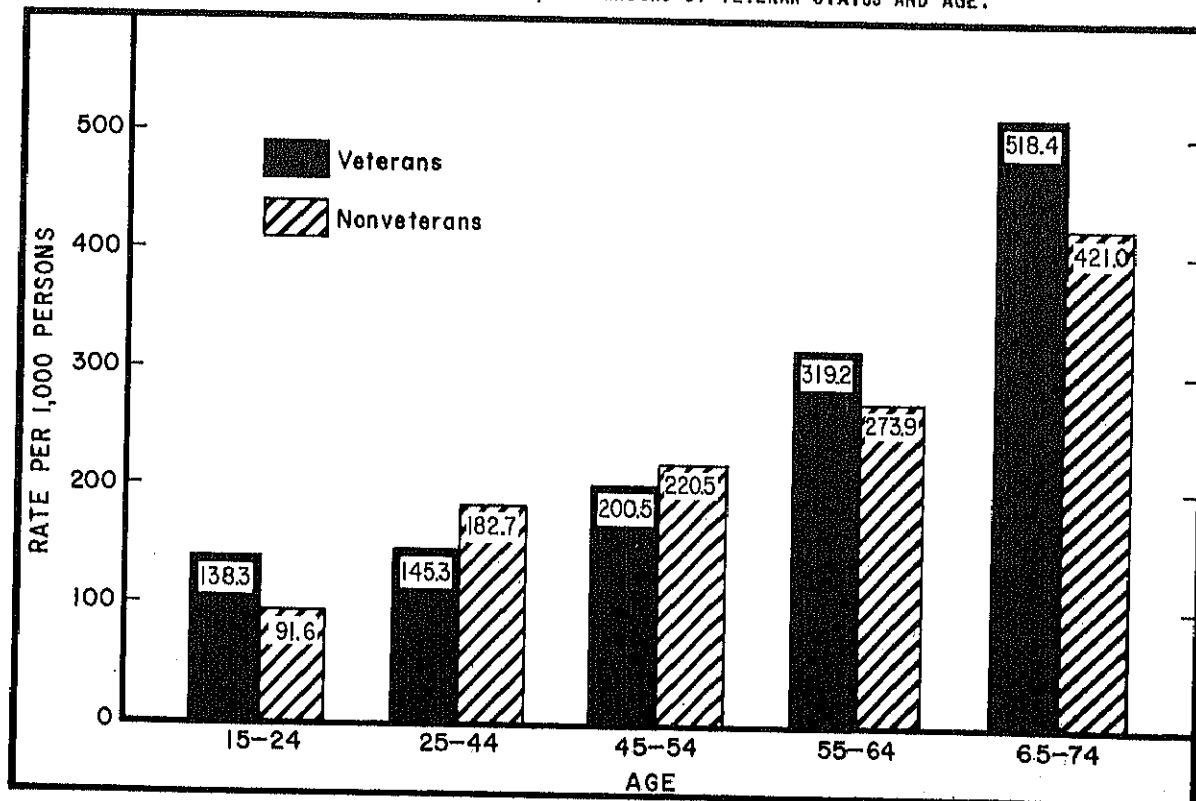


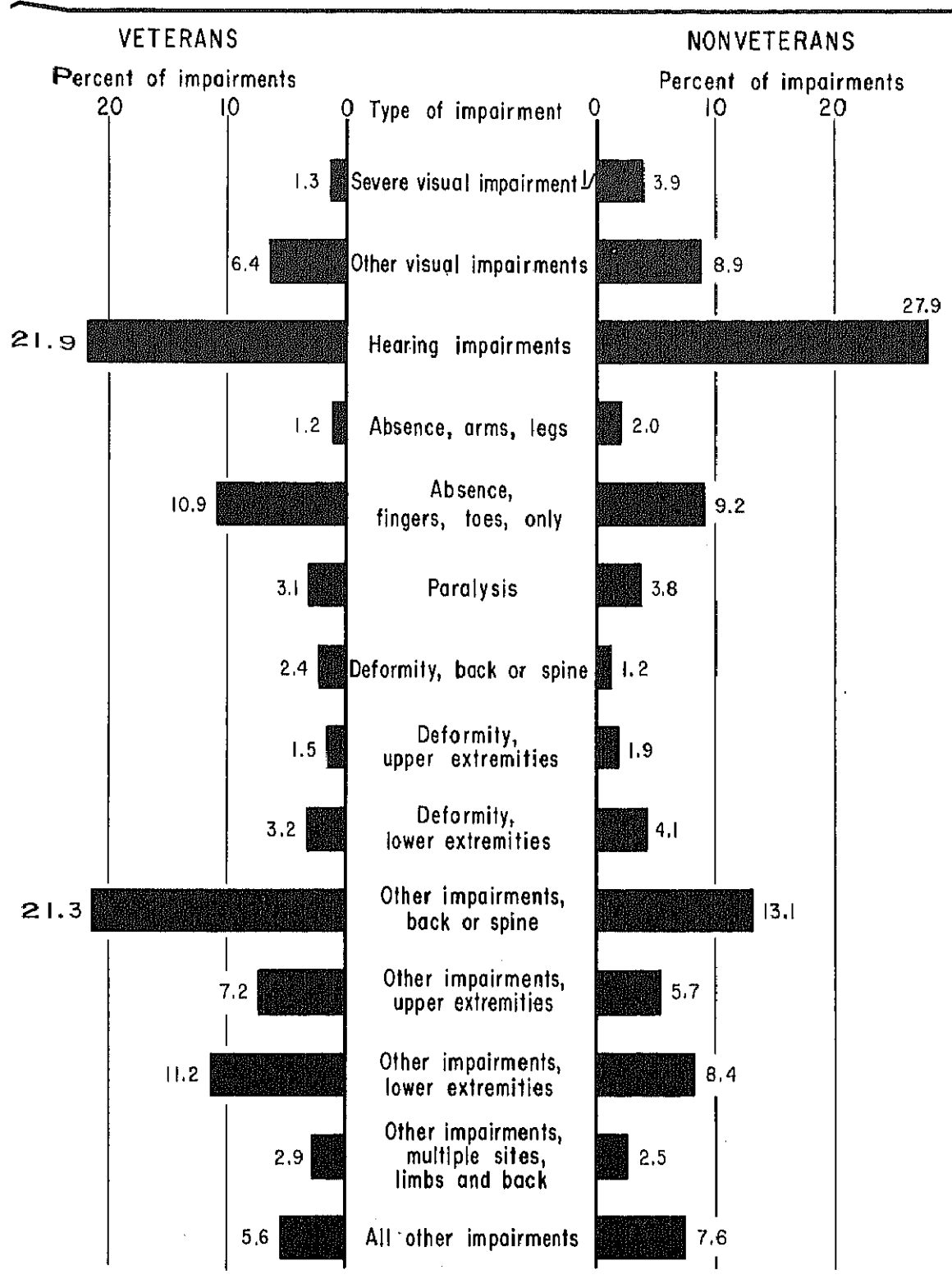
Table 7. Number of impairments by type of impairment and veteran status: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Type of impairment	Veteran status for males age 15+		
	All males	Veterans	Non-veterans
	Number of impairments in thousands		
All impairments-----	11,924	3,772	8,152
Severe visual impairment ¹ -----	369	48	321
Other visual impairment-----	965	242	722
Hearing impairments-----	3,102	827	2,275
Absence, arms, legs-----	204	45	159
Absence, fingers, toes, only-----	1,162	413	749
Paralysis-----	421	116	306
Deformity, back or spine-----	185	89	96
Deformity, upper extremities-----	211	57	154
Deformity, lower extremities-----	454	122	332
Other impairments, back or spine-----	1,872	803	1,069
Other impairments, upper extremities-----	735	270	465
Other impairments, lower extremities-----	1,106	421	685
Other impairments, multiple sites, limbs and back-----	314	110	205
All other impairments-----	826	210	616

¹In the National Health Survey a severe visual impairment is defined as the inability to read ordinary newspaper print even with the aid of glasses.

PERCENT DISTRIBUTION OF IMPAIRMENTS BY TYPE OF IMPAIRMENT AND VETERAN STATUS.



the National Health Survey a severe visual impairment is defined as the inability to read or newspaper print even with the aid of glasses.

Table 8. Number of physician visits and number of physician visits per person per year by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	Veteran status for males age 15+					
	All males	Veterans	Non-veterans	All males	Veterans	Non-veterans
	Number of physician visits in thousands			Number of physician visits per person per year		
All ages-15+--	244,121	90,726	153,396	4.4	4.5	4.4
15-24-----	35,097	4,419	30,677	3.6	3.8	3.6
25-34-----	43,377	29,370	14,006	4.0	4.2	3.7
35-44-----	45,195	27,957	17,238	4.1	4.3	3.8
45-54-----	43,117	9,114	34,004	4.5	4.3	4.5
55-64-----	36,974	14,638	22,336	5.2	6.4	4.6
65+-----	40,360	5,226	35,134	6.1	5.6	6.1

Table 9. Number of physician visits and percent distribution of visits by veteran status and place of visit: United States, July 1957-June 1958

(See headnote on table 8)

Place of visit	Veteran status for males age 15+					
	All males	Veterans	Non-veterans	All males	Veterans	Non-veterans
	Number of physician visits in thousands			Percent		
All visits-----	244,121	90,726	153,396	100.0	100.0	100.0
Office-----	167,372	63,058	104,314	68.6	69.5	68.0
Home-----	22,046	6,889	15,157	9.0	7.6	9.9
Hospital clinic-----	26,958	9,608	17,349	11.0	10.6	11.3
Company or industry health unit-----	6,717	2,594	4,123	2.8	2.9	2.7
Telephone-----	12,869	5,392	7,477	5.3	5.9	4.9
Other-----	8,159	3,184	4,975	3.3	3.5	3.2

Table 10. Number of services performed by physicians and percent distribution of services by type of service and veteran status: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Type of service	Veteran status for males age 15+					
	All males	Veterans	Non-veterans	All males	Veterans	Non-veterans
	Number of physician services in thousands			Percent		
All services ¹ -----	246,791	91,630	155,161	100.0	100.0	100.0
Diagnosis and treatment-	199,024	74,118	124,906	80.6	80.9	80.5
General checkup-----	20,124	6,312	13,813	8.2	6.9	8.9
Immunization or vaccination-----	12,893	5,898	6,995	5.2	6.4	4.5
All other-----	14,750	5,302	9,447	6.0	5.8	6.1

¹The number of services is larger than the number of visits since one visit may involve more than one type of service.

Table 11. Number of adult male patients discharged, number of hospital days, and average length of stay in days by veteran status and age: Short-Stay Hospitals, United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	Veteran status		
	Number of discharges (in thousands)	Number of days for discharges	Average length of stay (in days)
<u>All males</u>			
All ages-15+-----	4,498	58,287	13.0
15-24-----	610	7,310	12.0
25-34-----	685	7,262	10.6
35-44-----	723	8,029	11.1
45-54-----	828	8,836	10.7
55-64-----	843	14,041	16.7
65+-----	810	12,808	15.8
<u>Veterans</u>			
All ages-15+-----	1,546	24,089	15.6
15-24-----	82	1,824	22.2
25-34-----	461	5,046	10.9
35-44-----	401	5,047	12.6
45-54-----	168	2,335	13.9
55-64-----	283	6,733	23.8
65+-----	151	3,105	20.6
<u>Nonveterans</u>			
All ages-15+-----	2,952	34,198	11.6
15-24-----	528	5,486	10.4
25-34-----	224	2,216	9.9
35-44-----	322	2,983	9.3
45-54-----	659	6,501	9.9
55-64-----	560	7,309	13.1
65+-----	659	9,703	14.7

NUMBER OF HOSPITAL DISCHARGES PER 1,000 PERSONS BY VETERAN STATUS AND AGE.

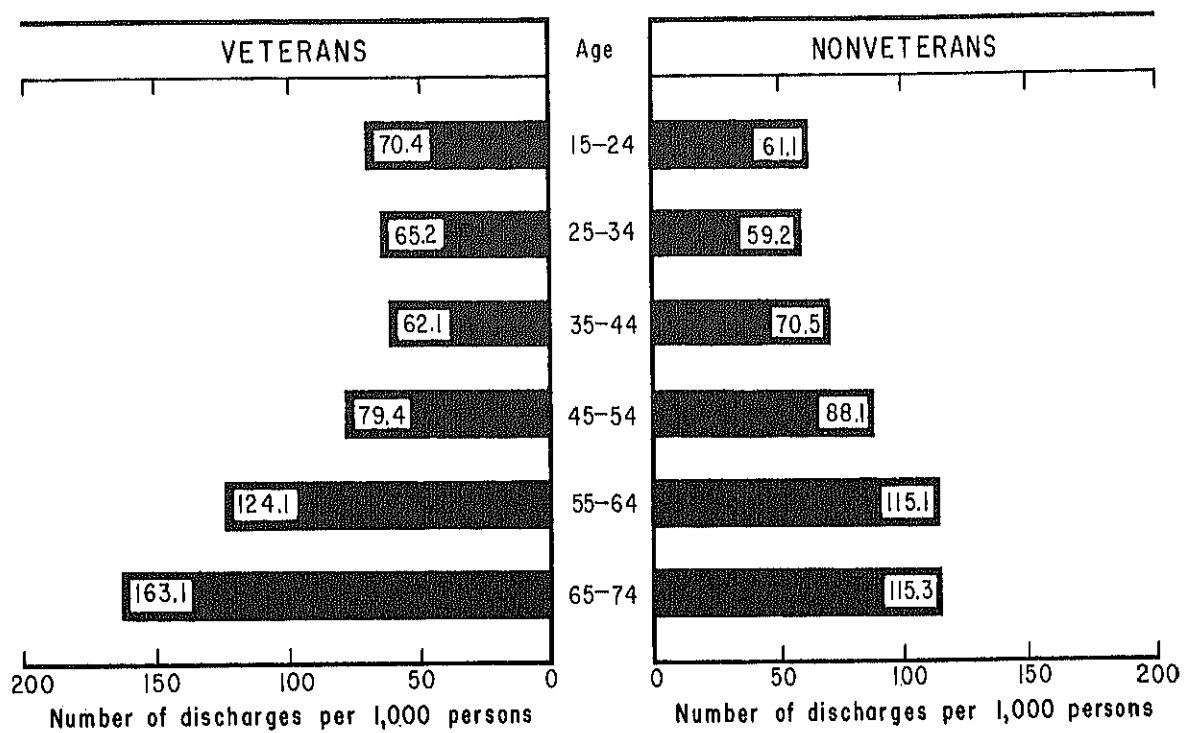
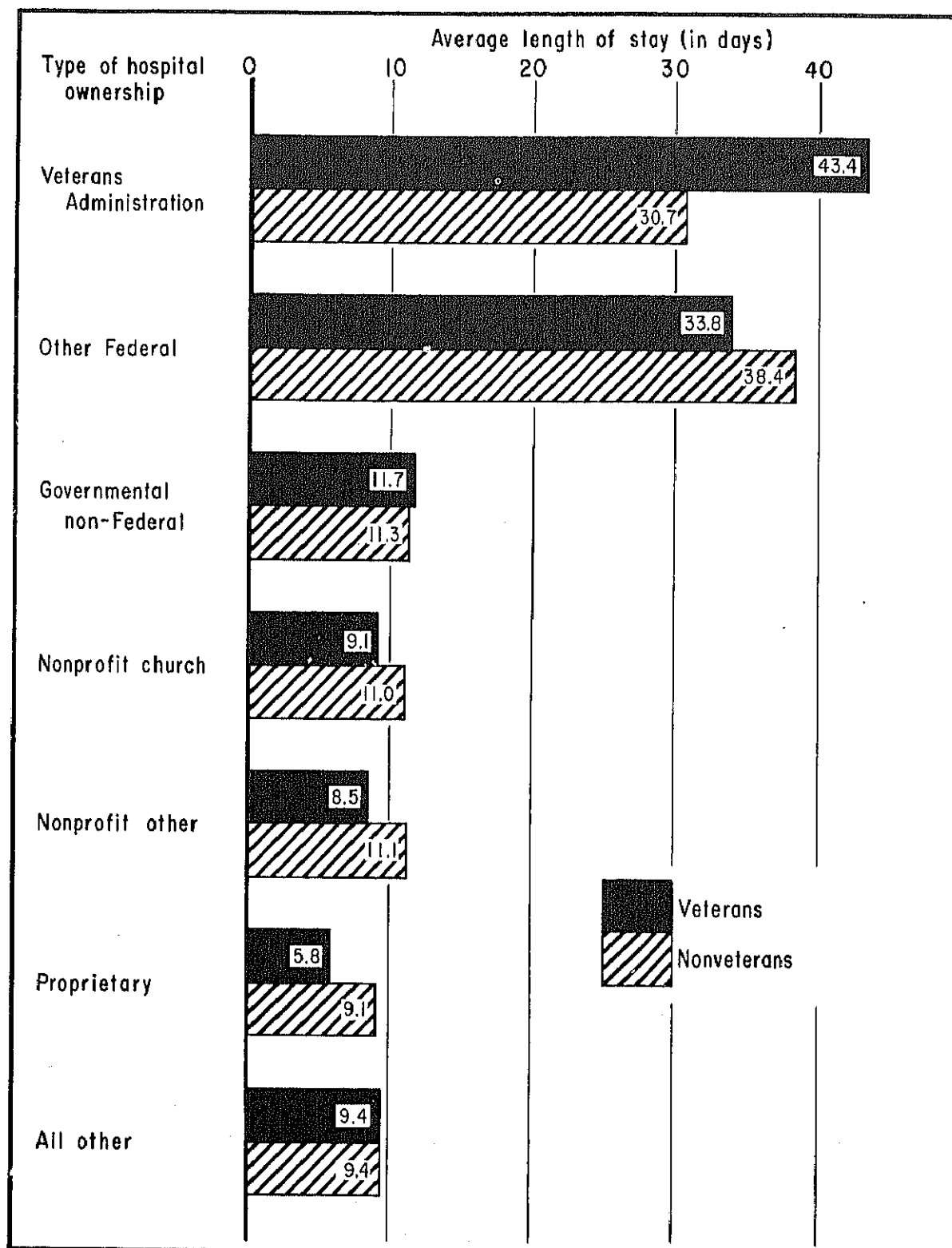


Table 12. Number and percent distribution of adult male patients discharged, number and percent distribution of hospital days by veteran status and hospital ownership: Short-Stay Hospitals, United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Veteran status and hospital ownership	Discharges		Days for discharges	
	Number (in thousands)	Percent	Number (in thousands)	Percent
<u>All males</u>				
All hospitals-----	4,498	100.0	58,287	100.0
Veterans Administration-----	297	6.6	12,532	21.5
Other Federal-----	93	2.1	3,376	5.8
Governmental non-Federal-----	705	15.7	8,071	13.8
Nonprofit church-----	1,170	26.0	12,257	21.0
Nonprofit other-----	1,824	40.6	18,697	32.1
Proprietary-----	327	7.3	2,593	4.4
All other-----	81	1.8	762	1.3
<u>Veterans</u>				
All hospitals-----	1,546	100.0	24,089	100.0
Veterans Administration-----	269	17.4	11,671	48.4
Other Federal-----	42	2.7	1,418	5.9
Governmental non-Federal-----	186	12.0	2,174	9.0
Nonprofit church-----	310	20.1	2,825	11.7
Nonprofit other-----	597	38.6	5,069	21.0
Proprietary-----	115	7.4	670	2.8
All other-----	(*)	(*)	262	1.1
<u>Nonveterans</u>				
All hospitals-----	2,952	100.0	34,198	100.0
Veterans Administration-----	(*)	0.9	860	2.5
Other Federal-----	(*)	1.7	1,958	5.7
Governmental non-Federal-----	520	17.6	5,897	17.2
Nonprofit church-----	860	29.1	9,432	27.6
Nonprofit other-----	1,228	41.6	13,628	39.9
Proprietary-----	212	7.2	1,922	5.6
All other-----	(*)	(*)	500	1.5

AVERAGE LENGTH OF STAY IN DAYS OF ADULT MALE PATIENTS DISCHARGED BY VETERAN STATUS AND TYPE OF HOSPITAL OWNERSHIP.



HEALTH CHARACTERISTICS FOR VETERANS OF SPECIFIC WARS

Because of the difference in the age range of veterans of the several wars, it seems appropriate to consider health factors particularly related to age separately for veterans of Korea, World War II, and World War I and the Spanish-American War. Sets of 4 tables with accompanying rates, identical in format for the three veteran groups, are presented on pages 32-40. The introductory table in each set describes the veteran population by age and major activity status. Two aspects of disability due to disease are shown in the second and third tables of each set. The second table shows the comparatively short periods of disability measured in days of restricted activity, bed disability, and time lost from work. The third shows long-term inability—chronic limitation of activity—to carry on all or part of one's usual activities. In the fourth table of each set the health status of persons with one or more chronic conditions is described in terms of medical care and bed-disabling severity.

As would be expected because of their age, veterans of the Korean conflict had the lowest disability and illness rates. They averaged only 9.7 days of restricted activity and 4.1 days in bed per person per year. The 38.8 percent for whom any chronic condition was reported included 9.1 percent with one or more bed-days in the year due to chronic conditions, and 5.1 percent with limitation of activity.

Since the veterans of World War II comprise the bulk of all veterans, their rates are similar to those for all veterans. They averaged 14.1 days of restricted activity and 5.2 days in bed per person per year. Of the 47.8 percent for whom one or more chronic conditions were reported 11.2 percent spent at least one day in bed in the year due to those conditions, and for 8.3 percent their chronic conditions caused them to have some degree of chronic activity limitation.

The aging veterans of World War I and the Spanish-American War had high disability and illness rates. They averaged 44.2 days of restricted activity and 16.5 days in bed per person per year. Some 69.7 percent of these veterans reported one or more chronic conditions; for 19.2 percent it was stated that those conditions kept them in bed for one or more days during the year; and 34.2 percent reported some degree of activity limitation including 12.8 percent who were unable to work.

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Table 13. Number of male Korean conflict veterans and number and percent whose major activity during the 12 months prior to interview was working by age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	Korean veterans (in thousands)		Percent "usually working"
	Total	"Usually working"	
All ages-----	4,515	3,855	85.4
17-24-----	1,123	790	70.3
25-44-----	3,288	2,968	90.3
45+-----	104	97	93.3

Table 14. Number of restricted-activity, bed-disability, and work-loss days and number of days per person per year for male Korean conflict veterans by age: United States, July 1957-June 1958

(See headnote on table 13)

Age	Restricted activity	Bed	Lost from work
Number of days in thousands			
All ages-----	43,582	18,461	23,128
17-24-----	9,535	4,441	5,703
25-44-----	32,766	13,591	16,815
45+-----	(*)	(*)	(*)
Number of days per person per year			
All ages-----	9.7	4.1	5.1
17-24-----	8.5	4.0	5.1
25-44-----	10.0	4.1	5.1
45+-----	(*)	(*)	(*)

Table 15. Number and percent distribution of male Korean conflict veterans by degree of activity limitation due to chronic conditions and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	All Korean veterans	With one or more chronic conditions			
		Total	With activity limitation		
			Total	With work limitation	
				Total	Unable to work
Number of Korean veterans in thousands					
All ages-----	4,515	1,753	232	151	22
Under 30-----	3,689	1,387	172	110	(*)
30-44-----	721	303	46	36	(*)
45+-----	104	(*)	(*)	(*)	(*)
Percent distribution					
All ages-----	100.0	38.8	5.1	3.3	0.5
Under 30-----	100.0	37.6	4.7	3.0	(*)
30-44-----	100.0	42.0	6.4	5.0	(*)
45+-----	100.0	59.6	(*)	(*)	(*)

Table 16. Number and percent of male Korean conflict veterans with one or more chronic conditions under medical care and number and percent with one or more days of bed disability in the year due to chronic conditions by age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix 1. Definitions of terms are given in Appendix 11]

Age	All Korean veterans	With one or more chronic conditions		
		Total	Under care	With 1+ bed-days
Number of Korean veterans in thousands				
All ages-----	4,515	1,753	707	409
Under 30-----	3,689	1,387	551	300
30-44-----	721	303	127	91
45+-----	104	(*)	(*)	(*)
Percent				
All ages-----	100.0	38.8	15.7	9.1
Under 30-----	100.0	37.6	14.9	8.1
30-44-----	100.0	42.0	17.6	12.6
45+-----	100.0	59.6	(*)	(*)

Table 17. Number of male World War II veterans and number and percent whose major activity during the 12 months prior to interview was working by age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	World War II veterans (in thousands)		Percent "usually working"
	Total	"Usually working"	
All ages-----	12,504	12,022	96.1
25-44-----	10,134	9,871	97.4
45-54-----	1,964	1,842	93.8
55-64-----	359	298	83.0
65+-----	(*)	(*)	(*)

Table 18. Number of restricted-activity, bed-disability, and work-loss days and number of days per person per year for male World War II veterans by age: United States, July 1957-June 1958

(See headnote on table 17)

Age	Restricted activity	Bed	Lost from work
Number of days in thousands			
All ages-----	176,012	64,917	84,509
25-44-----	128,588	46,537	62,721
45-64-----	46,676	18,345	21,680
65+-----	(*)	(*)	(*)
Number of days per person per year			
All ages-----	14.1	5.2	6.8
25-44-----	12.7	4.6	6.2
45-64-----	20.1	7.9	9.3
65+-----	16.2	0.8	2.3

Table 19. Number and percent distribution of male World War II veterans by degree of activity limitation due to chronic conditions and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	All World War II veterans	With one or more chronic conditions			
		Total	With activity limitation		
			Total	With work limitation	
				Total	Unable to work
Number of World War II veterans in thousands					
All ages-----	12,504	5,974	1,037	757	139
15-29-----	298	113	(*)	(*)	(*)
30-44-----	9,836	4,528	677	500	67
45-54-----	1,964	1,061	217	159	(*)
55-64-----	359	234	110	70	(*)
65+-----	(*)	(*)	(*)	(*)	(*)
Percent distribution					
All ages-----	100.0	47.8	8.3	6.1	1.1
15-29-----	100.0	37.9	(*)	(*)	(*)
30-44-----	100.0	46.0	6.9	5.1	0.7
45-54-----	100.0	54.0	11.0	8.1	(*)
55-64-----	100.0	65.2	30.6	19.5	(*)
65+-----	(*)	(*)	(*)	(*)	(*)

Table 20. Number and percent of male World War II veterans with one or more chronic conditions under medical care and number and percent with one or more days of bed disability in the year due to chronic conditions by age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	All World War II veterans	With one or more chronic conditions		
		Total	Under care	With 1+ bed-days
Number of World War II veterans in thousands				
All ages-----	12,504	5,974	2,940	1,405
15-29-----	298	113	(*)	(*)
30-44-----	9,836	4,528	2,157	1,046
45-54-----	1,964	1,061	576	246
55-64-----	359	234	127	75
65+-----	(*)	(*)	(*)	(*)
Percent				
All ages-----	100.0	47.8	23.5	11.2
15-29-----	100.0	37.9	19.8	(*)
30-44-----	100.0	46.0	21.9	10.6
45-54-----	100.0	54.0	29.3	12.5
55-64-----	100.0	65.2	35.4	20.9
65+-----	100.0	(*)	(*)	(*)

Table 21. Number of male World War I and Spanish-American veterans and number and percent whose major activity during the 12 months prior to interview was working by age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	World War I and Spanish-American veterans (in thousands)		Percent "usually working"
	Total	"Usually working"	
All ages-----	2,806	1,883	67.1
50-54-----	(*)	(*)	97.4
55-64-----	1,896	1,515	79.9
65-74-----	793	319	40.2
75+-----	79	(*)	15.2

Table 22. Number of restricted-activity, bed-disability, and work-loss days and number of days per person per year for male World War I and Spanish-American veterans by age: United States, July 1957-June 1958

(See headnote on table 21)

Age	Restricted activity	Bed	Lost from work
Number of days in thousands			
All ages-----	124,115	46,331	34,070
50-64-----	70,513	26,281	27,372
65+-----	53,602	20,050	6,698
Number of days per person per year			
All ages-----	44.2	16.5	12.1
50-64-----	36.5	13.6	14.1
65+-----	61.4	23.0	...

Table 23. Number and percent distribution of male World War I and Spanish-American veterans by degree of activity limitation due to chronic conditions and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II.]

Age	All World War I and Spanish- American veterans	With one or more chronic conditions			
		Total	With activity limitation		
			Total	With work limitation	
				Total	Unable to work
Number of World War I and Spanish-American veterans in thousands					
All ages-----	2,806	1,956	959	807	358
50-54-----	(*)	(*)	(*)	(*)	(*)
55-64-----	1,896	1,231	499	413	183
65-74-----	793	635	400	345	155
75+-----	79	71	(*)	(*)	(*)
Percent distribution					
All ages-----	100.0	69.7	34.2	28.8	12.8
50-54-----	100.0	(*)	(*)	(*)	(*)
55-64-----	100.0	64.9	26.3	21.8	9.7
65-74-----	100.0	80.1	50.4	43.5	19.5
75+-----	100.0	89.9	68.4	55.7	(*)

Table 24. Number and percent of male World War I and Spanish-American veterans with one or more chronic conditions under medical care and number and percent with one or more days of bed disability in the year due to chronic conditions by age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	All World War I and Spanish-American veterans	With one or more chronic conditions		
		Total	Under care	With 1+ bed-days
Number of World War I and Spanish-American veterans in thousands				
All ages-----	2,806	1,956	1,158	540
50-54-----	(*)	(*)	(*)	(*)
55-64-----	1,896	1,231	721	344
65-74-----	793	635	384	176
75+-----	79	71	(*)	(*)
Percent				
All ages-----	100.0	69.7	41.3	19.2
50-54-----	100.0	(*)	(*)	(*)
55-64-----	100.0	64.9	38.0	18.1
65-74-----	100.0	80.1	48.4	22.2
75+-----	100.0	89.9	55.7	(*)

Table 25. Population used in obtaining rates shown in this publication by veteran status and age: United States, July 1957-June 1958

[Data are based on household interviews during July 1957-June 1958. Data refer to the civilian non-institutional population of the United States. Detailed figures may not add to totals due to rounding. The survey design, general qualifications, and information on the reliability of the estimates are given in Appendix I. Definitions of terms are given in Appendix II]

Age	Veteran status for males age 15+					
	Total	Non-veteran	Veterans			
			All wars ¹	Korean	World War II	Other wars
	Number of males in thousands					
All ages-15+--	55,066	35,049	20,017	4,515	12,504	2,806
15-19-----	5,536	5,518	18	12	-	-
20-24-----	4,265	3,119	1,146	1,111	-	-
25-29-----	5,179	2,293	2,887	2,566	298	-
30-34-----	5,679	1,492	4,188	495	3,667	-
35-44-----	11,026	4,568	6,458	227	6,169	-
45-54-----	9,592	7,478	2,115	88	1,964	38
55-64-----	7,147	4,866	2,281	16	359	1,896
65-74-----	4,511	3,670	841	(*)	42	793
75+-----	2,131	2,046	85	-	(*)	79

¹This includes 192,000 veterans whose war status is unknown.

APPENDIX I

TECHNICAL NOTES ON METHODS

Background of This Report

This report on Health and Medical Care of Veterans is one of a series of statistical reports prepared by the U. S. National Health Survey. The report is based on information collected in the continuing nationwide sample household-interview survey which is a main aspect of the program.

The household-interview survey uses a questionnaire which, in addition to personal and demographic characteristics, requests information on illnesses, injuries, chronic conditions, medical care, dental care, and hospitalization. As interview data relating to each of these various broad subject areas are tabulated and analyzed, separate reports are issued covering one or more specific topics. The present report on selected health characteristics of veterans is based on the consolidated sample for 52 weeks of interviewing ending June 29, 1958.

The population covered by the sample for the household-interview survey is the civilian population of the United States living at the time of the household interview. Although the sample collection covers persons living as inmates of resident-type institutions, data for these persons are not included in the figures given in these reports pending special study of the applicability of an interview-type questionnaire to these persons. The sample does not include members of the Armed Forces, United States nationals living in foreign countries, and crews of vessels. Also, it does not include the persons who experienced hospitalization or disability during the reference period but died prior to the day of interview.

Statistical Design of the Household-Interview Survey

General plan.—The sampling plan of the survey follows a multistage probability design which permits a continuous sampling of the civilian population of the United States. The first stage of this design consists of an area sample of 372 from among approximately 1,900 geographically defined Primary Sampling Units (PSU's) into which the United States has been divided. A PSU is a county, a group of contiguous counties, or a Standard Metropolitan Area.

With no loss in general understanding, the remaining stages can be telescoped and treated in this discussion as an ultimate stage. Within PSU's, then, ultimate stage units called segments are defined, also geographically, in such a manner that each segment contains an expected six households in the sample. Each week a random sample of about 120 segments is drawn. In the approximately 700 households in those segments persons are interviewed concerning illnesses, injuries, chronic conditions, disability, and other factors related to health.

The household members interviewed each week are a representative sample of the population so that samples for successive weeks can be combined into larger samples for, say, a calendar quarter or a year. Thus the design permits both continuous measurement of characteristics of high incidence or prevalence in the population, and through the larger consolidated samples more detailed analysis of less common characteristics and smaller categories. The continuous collection has administrative and operational advantages, as well as technical assets, since it permits field work to be handled with an experienced, stable staff.

Sample size and geographic detail.—The national sample plan over a 12-month period includes approximately 115,000 persons from 36,000 households in 6,000 segments, with representation from every State. The over-all sample was designed in such a fashion that from the annual sample tabulations can be provided for various geographic sections of the United States and for urban and rural sectors of the Nation.

Collection of data.—The field operations for the household survey are performed by the Bureau of the Census under specifications established by the Public Health Service. In accordance with these specifications the Bureau of the Census designs and selects the sample, conducts the field interviewing as collecting agent for the Public Health Service, and edits and codes the questionnaires. Tabulations are prepared by the Public Health Service using the Bureau of the Census electronic computers.

Estimating methods.—Each statistic produced by the survey—for example, the number of work-loss days occurring in a specified period—is the result of two stages of ratio estimation. In the first of these, the ratio factor is: 1950 decennial population count divided by the estimated population for 1950 in the U. S. National Health Survey first-stage sample of PSU's. These factors are applied for 132 color-residence classes.

Later, ratios of sample-produced estimates of the population to official Bureau of the Census figures for current population in 76 age-sex-color classes are computed, and serve as second-stage factors for ratio estimating.

The effect of the ratio estimating process is to make the sample more closely representative of the population by age, sex, color, and residence, thus reducing sampling variance.

As noted, each week's sample represents the population living during that week and characteristics of that population. Consolidation of samples over a time period, say a calendar quarter, produces estimates of average characteristics of the United States population for that calendar quarter.

For population statistics, such as number of persons who are veterans of World War II, and for prevalence statistics such as number of persons with one or more chronic conditions, figures are first calculated for each calendar quarter by averaging estimates for

all weeks of interviewing in that quarter. Population and prevalence data for a year are averages of the four quarterly figures.

For statistics measuring the number of occurrences during a specified time period, such as number of work-loss days, a similar computational procedure is used, but the statistics require a different interpretation. For the disability-day items, the questionnaire asks for the respondent's experience over the two calendar weeks prior to the week of interview. In such instances, the estimated quarterly total for the statistic is simply 6.5 times the average two-week estimate produced by the 13 successive samples taken during the period. The annual total is the sum of the four quarters. Thus, the experience of persons interviewed during a year—experience which actually occurred for each person in a two-calendar-week interval prior to the week of interview—is treated in analysis as though it measured the total of such experience occurring in the year. For most statistics, such interpretation leads to no significant bias.

In this report, rates for a quarter are converted to an annual basis, in accordance with usual convention, in order to facilitate comparison of rates for time periods of different lengths.

The interviewing and estimation procedures, as noted earlier, are designed to reproduce the experience in the reference period of the questionnaire for the population living at the time of interview.

General Qualifications

Nonresponse.—Data were adjusted for nonresponse by a procedure which imputed to persons in a household not interviewed the characteristics of interviewed persons in the same segment. The total noninterview rate was 6 percent; 1 percent was due to refusal, and the remainder was accounted for by all other reasons, such as failure to find any household respondent after repeated calls.

The interview process.—The statistics presented in this report are based on replies secured by interviewing persons in the sampled households. Each person over the age of 17 was interviewed individually if he was available. Proxy respondents within the household were employed for children and for adults not available at the time of the interview provided the respondent was closely related to the person about whom information was being obtained.

There are limitations to the accuracy of diagnostic and other information collected in household interviews. For diagnostic information the household respondent can, at best, pass on to the interviewer only the information the physician has given to the family. For conditions not medically attended, diagnostic information is often no more than a description of symptoms. However, other types of facts, such as the number of disability days caused by the condition, can be obtained more accurately from household members than from any other source since only the persons concerned are in a position to report all of this type of information.

Rounding of numbers.—The original tabulations on which data in this report are based show all estimates to the nearest whole unit. All consolidations were made from the original tabulations using the estimates to the nearest unit. In the final published tables the figures are shown in thousands or millions, although they are not necessarily accurate to that detail. Derived statistics such as rates and percent distributions are computed after the estimates on which they are based have been rounded to the nearest thousand.

Population figures.—Some of the published tables include population figures for specified categories. Except for certain over-all totals by age and sex, (which are independently estimated), these figures are based on the sample of households in the U. S. National Health Survey. They are given primarily for the purpose of providing denominators for rate computation, and for this purpose are more appropriate for use with the accompanying measures of health characteristics than other population data that may be available. In some instances they will permit users to recombine published data into classes more suitable to their specific needs. With the exception of the over-all totals by age and sex, mentioned above, the population figures may in some cases differ from corresponding figures (which are derived from different sample surveys) published in reports of the Bureau of the Census. For population data for general use, see the official estimates presented in Bureau of the Census reports in the P-20, P-25, P-50, P-57, and P-60 series.

Reliability of Estimates

Since the estimates are based on a sample, they will differ somewhat from the figures that would have been obtained if a complete census had been taken using the same schedules, instructions, and interviewing personnel and procedures. As in any survey, the results are also subject to measurement error.

The standard error is primarily a measure of sampling variability, that is, the variations that might occur by chance because only a sample of the population is surveyed. As calculated for this report, the standard error also reflects part of the variation which arises in the measurement process. It does not include estimates of any biases which might lie in the data. The chances are about 68 out of 100 that an estimate from the sample would differ from a complete census by less than the standard error. The chances are about 95 out of 100 that difference would be less than twice the standard error and about 99 out of 100 that it would be less than 2½ times as large.

The estimates of standard errors shown in the following tables are approximations for the 372-area sample. In order to derive standard errors which would be applicable to a wide variety of health statistics and which could be prepared at a moderate cost, a number of approximations were required. As a result, tables I through III included at the end of this Appendix, should be interpreted as providing an estimate of approximate standard error rather than as the precise standard error for any specific aggregate or percentage.

General rules for determining sampling errors.—The following rules will enable the reader to determine sampling errors from tables I through III for the statistics presented in this report.

1. Estimates of aggregates. Standard errors for estimates of aggregates are given in table I, with the following exception. Where the aggregate consists of the number of persons in an age or sex category of the population for which the number of such persons is a large part of the total population in the age or sex category, table I overstates the sampling error by a significant amount. Such a statistic has the same relative standard error¹ as does the estimated number expressed as a percent of the total population in the cate-

¹The relative standard error for any statistic is the standard error divided by the statistic itself.

gory. Tables II and III may be utilized for computing standard errors for this group of estimates.

2. Estimates of percentages: Standard errors for estimates of percentages are given in tables II and III.

3. Estimates of ratios or rates: (a) Where the numerator of the rate is a subclass of the base or denominator, use tables II or III to obtain the sampling error. (b) Where the numerator is not a subclass of the denominator, a rough approximation of the sampling error may be obtained as follows. The relative standard error¹ of the ratio is equal to the square root of the sum of the

squares of the relative standard errors¹ of the numerator and the denominator. This will normally give an overestimate of the true sampling error.

4. Differences between two sample estimates: The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics although it is only a rough approximation in most other cases.

Table I. Standard errors of estimates of aggregates

Size of estimate	(All numbers shown in thousands)				
	Standard error				
	Persons with status or health characteristic Impairments by types Hospital discharges	Impairments by age	Hospital days for discharge	Physician visits	Disability days
100	22	...	...	...	...
500	50	60	70	...	...
1,000	70	90	100	430	500
2,000	100	120	140	600	700
3,000	120	150	180	750	900
5,000	160	200	240	1,000	1,200
10,000	220	300	370	1,300	1,500
20,000	300	450	600	1,900	2,200
30,000	330	590	840	2,250	2,700
50,000	350	830	1,300	3,000	3,500
100,000	400	1,400	2,400	4,500	5,500
200,000	...	...	4,600	6,500	8,000
500,000	...	...	11,000	11,250	15,000
750,000	...	...	...	14,700	21,000
1,250,000	...	...	...	20,750	32,000

Illustration of use of table I.—The estimated number of veterans with one or more chronic conditions is 9,766,000. Since this is an estimate of an aggregate of "persons with a health characteristic," the estimated standard error is to be found in column 1 of table I. Since the standard error for an estimate of 5,000,000 is 160,000 and for 10,000,000 is 220,000, interpolation gives 217,000 as the standard error for an estimate of 9,766,000.

¹The relative standard error for any statistic is the standard error divided by the statistic itself.

Table II. Standard error of estimated percentage for persons with status or characteristic, hospital discharges, impairments by type or age, and physician visits (body of table expressed in percentage points)

Estimated percentage	Base of percentage (base is shown in thousands)										
Type I items	100	500	1,000	2,000	3,000	5,000	10,000	20,000	30,000	50,000	100,000
2 or 98-----	3.6	1.6	1.1	0.8	0.7	0.5	0.4	0.3	0.2	0.2	0.1
5 or 95-----	5.6	2.5	1.8	1.3	1.0	0.8	0.6	0.4	0.3	0.3	0.2
10 or 90-----	6.8	3.0	2.1	1.5	1.2	1.0	0.7	0.5	0.4	0.3	0.2
25 or 75-----	9.8	4.4	3.1	2.2	1.8	1.4	1.0	0.7	0.6	0.4	0.3
50-----	12.9	5.8	4.1	2.9	2.4	1.8	1.3	0.9	0.7	0.6	0.4

Illustration of use of table II.—Of the 4,498,000 hospital discharges, 6.6 were from Veterans Administration hospitals. For a base of 3,000,000 a statistic of 5 percent has a standard error of 1.0 percentage points and a statistic of 10 percent has a standard error of 1.2 percentage points. Interpolation provides a standard error of 1.06 percentage points for a statistic of 6.6 percent based on 3,000,000 discharges. Corresponding calculations with a base of 5,000,000 provide a standard error of 0.86 percentage points. A final interpolation between these two results yields an estimate of 0.9 percentage points as the approximate standard error for a statistic of 6.6 percent with a base of 4,498,000. (Although interpolation has been done in two dimensions for this example, simply scanning the table will provide an approximate answer which is sufficient for most purposes.)

Table III. Standard error of estimated percentage for hospital days for discharge and disability days (body of table expressed in percentage points)

Estimated percentage	Base of percentage (base is shown in thousands)									
Type II items	2,500	12,500	25,000	50,000	75,000	125,000	250,000	500,000	750,000	1,250,000
2 or 98-----	4.2	1.9	1.3	0.9	0.8	0.6	0.4	0.3	0.2	0.2
5 or 95-----	6.5	2.9	2.1	1.5	1.2	0.9	0.7	0.5	0.4	0.3
10 or 90-----	9.0	4.0	2.8	2.0	1.6	1.3	0.9	0.6	0.5	0.4
25 or 75-----	13.0	5.8	4.1	2.9	2.4	1.8	1.3	0.9	0.8	0.6
50-----	15.0	6.7	4.7	3.4	2.7	2.1	1.5	1.1	0.8	0.7

Illustration of use of table III.—Of the 24,089,000 hospital days for veterans, 48.4 percent were in Veterans Administration hospitals. For a base of 12,500,000, a statistic of 25 percent has a standard error of 5.8 percentage points and a statistic of 50 percent has a standard error of 6.7 percentage points. Interpolation provides a standard error of 6.64 for a statistic of 48.4 percent based on 12,500,000 days. Corresponding calculations with a base of 25,000,000 provides a standard error of 4.66 percentage points. A final interpolation between these two results yields an estimate of 4.8 percentage points for a statistic of 48.4 percent with a base of 24,089,000. (Although interpolation has been done in two dimensions for this example, simply scanning the table will provide an approximate answer which is sufficient for most purposes.)

APPENDIX II

DEFINITIONS OF CERTAIN TERMS USED IN THIS REPORT

Demographic and Social Terms

Age.—The age recorded for each person is the age at last birthday. Age is recorded in single years and grouped in a variety of distributions depending upon the purpose of the table.

Veteran status.—In order to establish veteran status, information is secured concerning service in the Armed Forces. The information is obtained only for males 14 years of age and over. The categories in the Armed Forces include the following: no military service, peacetime service only, Spanish-American War service, World War I service, World War II service, Korean conflict service, and military service, period unknown.

Service in the Armed Forces means active duty for any time at all in the U. S. Army, Navy, Air Force, Marine Corps, or Coast Guard. Peacetime service in the Merchant Marine, in a National Guard unit, or in active reserve training is not considered to be service in the Armed Forces.

In cases of service in more than one war, the man is classified according to the latest war in which he served.

When males 14 years of age and over are grouped into two classes, veterans and nonveterans, men with peacetime service only are included with those having no military service as nonveterans.

Usually working.—This includes paid work as an employee for someone else; self-employment in own business, or profession, or in farming; and unpaid work in a family business or farm. Work around the house, or volunteer or unpaid work, such as for church, Red Cross, etc., is not counted as working.

This category is not comparable with the somewhat similar category in official Federal labor force statistics. In the first place, the responses concerning major activity are accepted without detailed questioning, since the objective of the question is not to estimate the number of persons in labor force categories but to identify crudely certain population groups which have different health problems. In the second place, the figures represent the major activity over the period of the entire year, whereas official labor force statistics relate to a much shorter period, usually one week. Finally, in the definition of a specific category, certain marginal groups are classified in a different manner to simplify the procedures.

General Morbidity Terms

Condition.—A morbidity condition, or simply a condition, is any entry on the questionnaire which describes a departure from a state of physical or mental well-being. It results from a positive response to one of a series of "illness-recall" questions. In the coding and tabulating process, conditions are selected or classified according to a number of different criteria, such as,

whether they resulted in disability, whether they were acute or chronic, whether they were receiving medical care, or according to the type of disease, impairment, or symptom reported.

Conditions, except impairments, are coded by type according to the International Statistical Classification of Diseases, Injuries, and Causes of Death with certain modifications adopted to make the code more suitable for a household-interview survey.

Chronic condition.—A condition is considered to be chronic if (1) it is described by the respondent in terms of one of the chronic diseases on the "Check List of Chronic Conditions" or in terms of one of the types of impairments on the "Check List of Impairments," or (2) the condition is described by the respondent as having been first noticed more than three months before the week of the interview.

Persons with chronic conditions.—The estimated number of persons with chronic conditions is based on the number of persons who at the time of the interview were reported to have one or more chronic conditions.

Impairment.—Impairments are chronic or permanent defects, usually static in nature, resulting from disease, injury, or congenital malformation. They represent decrease or loss of ability to perform various functions, particularly those of the musculoskeletal system and the sense organs. All impairments are classified by means of a special supplementary code for impairments, hence code numbers for impairments in the International Statistical Classification are not used.

Still under care.—A chronic condition which is "still under care" is one for which the person is still "under instruction" from a physician. By "under instruction" is meant one or more of the following: (1) taking certain medicine or treatment prescribed by a physician, (2) observing a certain systematic course of diet or activity, (3) visiting the physician regularly for checking on the condition, and (4) under instruction from the physician to return if some particular thing happens.

Terms Relating to Disability

Disability.—Disability is a general term used to describe any temporary or long-term reduction of a person's activity as a result of an acute or chronic condition.

Disability days are classified according to whether they are days of restricted activity, bed-days, hospital-days, work-loss days, or school-loss days. All hospital-days are, by definition, days of bed disability; all days of bed disability are, by definition, days of restricted activity. The converse form of these statements is, of course, not true. Days lost from work and days lost from school are special terms which apply to the working and school-age populations only, but these,

too, are days of restricted activity. Hence, "days of restricted activity" is the most inclusive term used to describe disability days.

Restricted-activity day.—A day of restricted activity is a day when a person cuts down on his usual activities for the whole of that day on account of an illness or an injury. The term "usual activities" for any day means the things that the person would ordinarily do on that day. For children under school age, "usual activities" depend upon whatever the usual pattern is for the child's day which will, in turn, be affected by the age of the child, weather conditions, and so forth. For retired or elderly persons, "usual activities" might consist of almost no activity, but cutting down on even a small amount for as much as a day would constitute restricted activity. On Sundays or holidays "usual activities" are taken to be the things the person usually does on such days—going to church, playing golf, visiting friends or relatives, or staying at home and listening to the radio, reading, looking at television, and so forth.

Restricted activity does not imply complete inactivity but it does imply only the minimum of "usual activities." A special nap for an hour after lunch does not constitute cutting down on usual activities, nor does the elimination of a heavy chore, such as cleaning ashes out of the furnace or hanging out the wash. If a farmer or housewife carries on only the minimum of the day's chores, however, this is a day of restricted activity.

A day spent in bed or a day home from work or school because of illness or injury is, of course, a restricted-activity day.

Bed-disability day.—A bed-disability day, sometimes for brevity referred to as a "bed-day," is a day on which a person was kept in bed either all or most of the day because of an illness or an injury. "All or most of the day" is defined as; more than half of the daylight hours. All hospital-days are included as bed-disability days even if the patient was not actually in bed at the hospital.

Work-loss day.—A day is counted as lost from work if the person would have been going to work at a job or business that day but instead lost the entire work day because of an illness or an injury. If the person's regular work day is less than a whole day and the entire work day was lost, it would be counted as a whole work day lost. Work-loss days are determined only for persons 17 years of age and over.

Chronic activity limitation.—Persons with chronic conditions are classified into four categories according to the extent to which their activities are limited at present as a result of these conditions. The four classifications applicable for this report are as follows:

1. Inability to work at a job or business.
2. Limited in amount or kind of work, e.g., need special working aids or special work periods at work, cannot work full time or for long periods of time, cannot do strenuous work.
3. Not limited in regular work activities but limited in other activities, such as church, clubs, hobbies, civic projects, sports, or games.
4. Not limited in any of the ways described above.

Chronic mobility limitation.—Persons with chronic activity limitation of some degree as a result of one or more chronic conditions are classified according to the extent to which their mobility is limited at present. There are four categories as follows:

1. Confined to the house
2. Cannot get around alone
3. Has trouble getting around alone
4. Not limited in mobility

Terms Relating to Hospitalization

Hospital episode.—A hospital episode is any continuous period of stay of one or more nights in a hospital as an inpatient. In statistics from the Survey for the year ending June 29, 1958, a hospital is defined as any institution meeting one of the following criteria: (1) named in the listing of hospitals in the 1956 or 1957 Guide Issue of *Hospitals*, the Journal of the American Hospital Association; (2) named in the listing of hospitals in the 1957 or 1958 Directory of the American Osteopathic Hospital Association; or (3) name of the institution unknown but believed by the respondent to be a hospital.

Hospital discharge.—A hospital discharge is a hospital episode that ended during a specified period of time. (See definition of "Hospital episode.")

A hospital discharge is recorded whenever a present member of the household is reported to have been discharged from a hospital in the 12-month period prior to the interview week.

Hospital day.—A hospital day is a day in which a person is confined to a hospital. The day is counted as a hospital day only if the patient stays overnight. Thus, a patient who enters the hospital on Monday afternoon and leaves Wednesday noon is considered to have had two hospital days.

Estimates of the total number of hospital days are derived by summing the days for all hospital episodes of a particular type. (See definition of "Hospital episode.") For example, the number of hospital days may be summed for all hospital discharges. (See definition of "Hospital discharge.")

The **hospital days per year** is the total number of days for all hospital episodes in the 12-month period prior to the interview week. For the purposes of this estimate episodes overlapping the beginning or end of the 12-month period are subdivided so that only those days falling within the period are included.

Length of hospital stay.—The length of hospital stay is the duration in days, exclusive of the day of discharge, of a hospital discharge. (See definition of "Hospital discharge.")

Hospital ownership.—Hospital ownership is a classification of hospitals according to the type of organization that controls and operates the hospital. The category to which an individual hospital is assigned and the definition of these categories follows the usage of the American Hospital Association.

Short-stay hospital.—All of the following are short-stay hospitals: general; maternity; eye, ear, nose, and throat; osteopathic hospital; or hospital department of institution.

Medical Care Terms

Physician visit.—A physician visit is defined as consultation with a physician, in person or by telephone, for examination, diagnosis, treatment, or advice. The visit is considered to be a physician visit if the service is provided directly by the physician or by a nurse or other person acting under a physician's supervision. For the purpose of this definition "physician" includes doctors of medicine and osteopathic physicians. The term "doctor" is used in the interview, rather than "physician," because of the need to keep to popular usage. However, the concept toward which all instructions are directed is that which is described here.

Physician visits for services provided on a mass basis are not included in the tabulations. A service

received on a mass basis is defined as any service involving only a single test (e.g., test for diabetes) or a single procedure (e.g., smallpox vaccination) when this single service was administered identically to all persons who were at the place for this purpose. Hence, passing through a tuberculosis chest X-ray trailer, by this definition, is not considered a physician visit. However, a special chest X-ray given in a physician's office or an outpatient clinic is considered a physician visit.

Physician visits to hospital inpatients are not included.

If a physician is called to the house to see more than one person, the call is considered to be a separate physician visit for each person about whom the physician was consulted.

A physician visit is associated with the person about whom the advice was sought, even if that person did not actually see or consult the physician. For example, if a mother consults a physician about one of her children, the physician visit is ascribed to the child.

Place of visit.—The place of visit classifies the type of place at which a physician visit took place. (See definition of "Physician visit.") The definitions of the various categories are as follows:

1. Home is defined as any place in which the person was staying at the time of the physician's visit. It may be his own home, the home of a friend, a hotel, or any other place the person may be staying (except as an overnight patient in a hospital).
2. Office is defined as the office of a physician in private practice only. This may be an office in the physician's home, an individual office in an office building, or a suite of offices occupied by several physicians. For purposes of this survey, physicians connected with prepayment group practice plans are considered to be in private practice.
3. Hospital clinic is defined as an outpatient clinic in any hospital.
4. Company or industry health unit refers to treatment received from a physician or under a physician's supervision at a place of business (e.g., factory, store, office building). This includes emergency or first-aid rooms located in such places if treatment was received there from a physician or trained nurse.
5. Telephone contact refers to advice given in a telephone call directly by the physician or transmitted through the nurse.
6. Other refers to advice or treatment received from a physician or under a physician's general supervision at a school, at an insurance office,

at a health department clinic, or any other place at which a physician consultation might take place.

Type of medical service.—A medical service is a service received when a physician is consulted. For the purposes of this survey, medical services have been categorized into several broad types. A single physician visit (See definition of "Physician visit") may result in the recording of more than one type of medical service (though a particular type is not recorded more than once for any one physician visit). Tables showing physician visits classified by type of medical service therefore add to more than the total number of visits. The definitions of the types of medical service are as follows:

1. Diagnosis and treatment include (a) examinations and tests in order to diagnose an illness regardless of whether the examinations and tests resulted in a diagnosis, and (b) treatment or advice given by the physician or under the physician's supervision. The category includes diagnosis alone, treatment alone, and both combined, X-rays either for diagnostic purposes or for treatment are included in this class.
2. General checkup includes checkups for general purposes and also those for a specific purpose, such as employment or insurance. If a diagnosis or diagnoses are made in the course of a general checkup, the physician visit is classified to "Diagnosis and treatment" as well as to "General checkup." If the consultation is for checking up on a specific condition, as, for example, when a person goes at regular intervals for a check on a tuberculous or heart condition, this is classified as "Diagnosis and treatment" and not as "General checkup."
3. Immunization includes this preventive service when provided by a physician or under a physician's supervision. A physician service which is for the sole purpose of receiving immunization against a particular disease given at the same time and place that many other persons are receiving the identical immunization is excluded because of the rule for exclusion of such services in the definition of a physician visit.
4. All other includes specific preventive-care services (such as vitamin injections), eye examination for the purpose of establishing a need for glasses or a change in the type of glasses, and other specific services not included above. Also included are all visits where an unknown type of service was reported.

APPENDIX III

QUESTIONNAIRE

The items below show the exact content and wording of the questionnaire used in the household survey. The actual questionnaire is designed for a household as a unit and includes additional spaces for reports on more than one person.

<p>The National Health Survey is authorized by Public Law 652 of the 84th Congress (70 Stat 409; 42 U.S.C. 305). All information which would permit identification of the individual will be held strictly confidential, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any other purposes (12 PR 1687).</p>											
<p>Form NH-1 (3-18-57)</p> <p>U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS Acting as Collecting Agent for the U.S. PUBLIC HEALTH SERVICE</p> <p>NATIONAL HEALTH SURVEY</p>				<p>1. Questionnaire of Questionnaires</p>							
<p>2. (a) Address or description of location</p> <p>(b) Type of living quarters: <input type="checkbox"/> Dwelling unit <input type="checkbox"/> Other</p> <p>(c) Name of Special Dwelling Place</p> <p>Code</p>				<p>3. Ident. Code</p> <p>4. Sub-sample weight</p> <p>5. Sample</p> <p>6. PSU Number</p>		<p>7. Segment No.</p> <p>8. Serial No.</p>		<p>9. Is this house on a farm or ranch? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>10. What is the telephone number here? <input type="checkbox"/> No phone</p> <p>11. What is the best time to call?</p>			
<p>12. Are there any other living quarters, occupied or vacant, in this building (apartment)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>14. Does anyone else living in this building use YOUR ENTRANCE to get to his living quarters? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>				<p>13. Are there any other buildings on this property for people to live in - either occupied or vacant? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">INSTRUCTIONS</p> <p>If "Yes" to questions 12, 13 or 14 apply definition of a dwelling unit to determine whether one or more additional questionnaires should be filled and whether the listing is to be corrected.</p>							
<p>15. RECORD OF CALLS AT HOUSEHOLDS</p>											
Item		1		2		3		4		5	
Date		Date		Date		Date		Date		Date	
Time		Time		Time		Time		Time		Time	
Entire household		Entire household		Entire household		Entire household		Entire household		Entire household	
Callbacks for individual respondents		Callbacks for individual respondents		Callbacks for individual respondents		Callbacks for individual respondents		Callbacks for individual respondents		Callbacks for individual respondents	
Col. No.		Col. No.		Col. No.		Col. No.		Col. No.		Col. No.	
<p>16. REASON FOR NON-INTERVIEW</p>											
TYPE:		A		B		C		Z			
Reason:		<input type="checkbox"/> Refusal <input type="checkbox"/> No one at home - repeated calls <input type="checkbox"/> Temporarily absent <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Vacant - Non-seasonal <input type="checkbox"/> Vacant - seasonal <input type="checkbox"/> Usual residence elsewhere <input type="checkbox"/> Armed Forces <input type="checkbox"/> Other (Specify)		<input type="checkbox"/> Demolished <input type="checkbox"/> In sample by mistake <input type="checkbox"/> Eliminated in sub-sample <input type="checkbox"/> Other (Specify)		Interview not obtained for: Col. No. _____ because: _____			
<p>Comments on non-interview</p>											
<p>17. Signature of Interviewer:</p>								<p>18. Code:</p>			
<p>Special instructions or notes</p>											
<p>EDITING RECORD FOR OFFICE USE ONLY</p>											
a. Result of edit		b. Type of follow-up		d. Edited		e. Re-edited		f. Re-edited			
<input type="checkbox"/> Passed <input type="checkbox"/> Passed (EPQ) <input type="checkbox"/> Failed - no follow-up <input type="checkbox"/> Failed - follow-up		<input type="checkbox"/> Office telephone <input type="checkbox"/> Interviewer telephone <input type="checkbox"/> Personal		Editor Date		Editor Date		Editor Date			
c. Result of follow-up		<input type="checkbox"/> Completed <input type="checkbox"/> Non-interview									
<p>1. (a) What is the name of the head of this household? (Enter name in first column)</p> <p>(b) What are the names of all other persons who live here? (List all persons who usually live here, and all persons staying here who have no usual place of residence elsewhere. List these persons in the prescribed order.)</p> <p>(c) Do any (other) lodgers or roomers live here? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(d) Is there anyone else who lives here who is now away on business? On a visit? Temporarily in a hospital? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(e) Is there anyone else staying here now? <input type="checkbox"/> No <input type="checkbox"/> Yes (List) _____</p> <p>(f) Do any of these people have a home elsewhere? <input type="checkbox"/> No (leave on questionnaire) <input type="checkbox"/> Yes (if not a household member, delete)</p> <p>2. How are you related to the head of the household? (Enter relationship to head, for example: head, wife, daughter, grandson, mother-in-law, partner, lodger, lodger's wife, etc.)</p> <p>3. Race (Check one box for each person)</p> <p>4. Sex (Check one box for each person)</p> <p>5. How old were you on your last birthday?</p> <p>6. Where were you born? (Record state or foreign country)</p> <p>If 14 years old or over, ask:</p> <p>7. Are you now married, widowed, divorced, separated or never married? (Check one box for each person)</p> <p>If 14 years old or over, ask:</p> <p>8. What is the highest grade you completed in school? (Circle highest grade completed or check "None")</p>											
<p>Relationship</p> <p>White <input type="checkbox"/> Negro <input type="checkbox"/></p> <p>Male <input type="checkbox"/> Female <input type="checkbox"/></p> <p>Age <input type="checkbox"/> Under 1 year <input type="checkbox"/> 1 year</p> <p>(State or foreign country)</p> <p><input type="checkbox"/> Under 14 years</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Widowed <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Never married</p> <p><input type="checkbox"/> None <input type="checkbox"/> Under 14 years</p> <p>Element: 1 2 3 4 5 6 7 8</p> <p>High: 1 2 3 4</p> <p>College: 1 2 3 4, 5</p>						<p>Last name</p> <p>First name and initial</p> <p>Relationship</p> <p>Race</p> <p>Sex</p> <p>Age</p> <p>(State or foreign country)</p> <p>Marital status</p> <p>Education</p>					

If Male and 14 years old or over, ask:

9. (a) Did you ever serve in the Armed Forces of the United States?
If "Yes," ask:
(b) Are you now in the Armed Forces, not counting the reserves?
(If "Yes," delete this person from questionnaire)

(c) Was any of your service during a war or was it peace-time only?
If "War," ask:
(d) During which war did you serve?
If "Peace-time" only, ask:
(e) Was any of your service between June 27, 1950 and January 31, 1955?

If 6 years old or over, ask:
10. (a) What were you doing most of the past 12 months --
(For males over 16): working, looking for work, or doing something else?
(For females over 16): working, looking for work, keeping house, or doing something else?
(For children 6 - 16): going to school or doing something else?
If "Something else" checked, and person is 50 years old or over, ask:
(b) Are you retired?

I Interview each adult person for himself for questions 11-26 and Tables I, II, and A, if he is at home. Enter column number of respondent in each column.

We are interested in all kinds of illness, whether serious or not --
11. Were you sick at any time LAST WEEK OR THE WEEK BEFORE?
(a) What was the matter?
(b) Anything else?

12. Last week or the week before did you have any accidents or injuries, either at home or away from home?
(a) What were they?
(b) Anything else?

13. Last week or the week before did you feel any ill effects from an earlier accident or injury?
(a) What were these effects?
(b) Anything else?

14. Last week or the week before did you take any medicine or treatment for any condition (besides ... which you told me about)?
(a) For what conditions?
(b) Anything else?

15. AT THE PRESENT TIME do you have any ailments or conditions that have continued for a long time? (If "No") Even though they don't bother you all the time?
(a) What are they?
(b) Anything else?

16. Has anyone in the family - you, your-, etc. - had any of these conditions DURING THE PAST 12 MONTHS?
(Read Card A, condition by condition; record any conditions mentioned in the column for the person)

17. Does anyone in the family have any of these conditions? (Read Card B, condition by condition; record any conditions mentioned in the column for the person)

Table I - ILLNESSES, IMPAIRMENTS AND ACCIDENTS										
Line Number	Col. No. of person	Question No.	What did the doctor say it was? -- did he use any medical terms? (If doctor not talked to -- "No." In col. (c) - record respondent's description) (If ill-effects of earlier accident also fill Table A) For an accident or injury occurring during past 2 weeks, ask: What part of the body was hurt? What kind of injury was it? Anything else? (Also, fill Table A) (d-1)	If an impairment or symptom, ask: What was the cause of ...? (If cause is already entered in (d-1) circle "X" without asking the question) (If accident or injury, fill Table A)		What kind of ... trouble is it? (If eye trouble of any kind and 5 years old or over, ask: Can you read ordinary newspaper print with glasses?) (d-3)	What kind of ... trouble already entered in col. (d-1), circle "X" without asking the question) (d-4)	What part of the body was affected? (If part of body can be determined from entries in col. (d-1) through (d-4), circle "X" without asking the question) (d-5)	LAST WEEK OR THE WEEK BEFORE did ... CAUSE you to cut down on your usual activities for as much as a day? Check one No Yes (Go to Col. (k)) (e) (f)	
				(d-2)	(d-3)				(d-4)	(d-5)	(e)	(f)
1										

Table II - HOSPITALIZATION DURING PAST 12 MONTHS							
Line Number	Col. No. of person	Question No.	When did you enter the hospital? (Month, Year)	How many days were you in the hospital, not counting the day you left?	To Interviewer:		What was the matter? Anything else? (Record each condition in same detail as called for in Table I. If condition is result of accident or injury, also fill Table A)
					How many of these days were in the past 12 months?	How many of these days were during the past 2 weeks, ending last Sunday?	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
1			No, _____ Year _____ Days _____	All or _____ Days _____			

TABLE A (Accidents and Injuries)	
Line No. from Table I	1. What part of the body was hurt? What kind of injury was it? Anything else? <input type="checkbox"/> Accident happened during past 2 weeks
	2. When did it happen? Month _____ Year _____ (Enter only the year if prior to 1950) <input type="checkbox"/> Accident happened during past 2 weeks
	3. Where did the accident happen? <input type="checkbox"/> At home (inside or outside the house) <input type="checkbox"/> While in Armed Services <input type="checkbox"/> Some other place
	4. Was a car, truck, bus or other motor vehicle involved in the accident in any way? <input type="checkbox"/> Yes <input type="checkbox"/> No
	5. Were you at work at your job or business when the accident happened? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Under 14 years at time of accident

<p>Card A</p> <p>NATIONAL HEALTH SURVEY</p> <p>Check List of Chronic Conditions</p> <ol style="list-style-type: none"> 1. Asthma 2. Any allergy 3. Tuberculosis 4. Chronic bronchitis 5. Repeated attacks of sinus trouble 6. Rheumatic fever 7. Hardening of the arteries 8. High blood pressure 9. Heart trouble 10. Stroke 11. Trouble with varicose veins 12. Hemorrhoids or piles 13. Gallbladder or liver trouble 14. Stomach ulcer 15. Any other chronic stomach trouble 16. Kidney stones or other kidney trouble 17. Arthritis or rheumatism 18. Prostate trouble 19. Diabetes 20. Thyroid trouble or goiter 21. Epilepsy or convulsions of any kind 22. Mental or nervous trouble 23. Repeated trouble with back or spine 24. Tumor or cancer 25. Chronic skin trouble 26. Hernia or rupture 	<p>Card C</p> <p>NATIONAL HEALTH SURVEY</p> <p>For:</p> <p>Workers and other persons except Housewives and Children</p> <ol style="list-style-type: none"> 1. Cannot work at all at present. 2. Can work but limited in amount or kind of work. 3. Can work but limited in kind or amount of outside activities. 4. Not limited in any of these ways. 	<p>Card E</p> <p>NATIONAL HEALTH SURVEY</p> <p>For:</p> <p>Children from 6 to 16 years old and others going to school</p> <ol style="list-style-type: none"> 1. Cannot go to school at all at present time. 2. Can go to school but limited to certain types of schools or in school attendance. 3. Can go to school but limited in other activities. 4. Not limited in any of these ways. 	<p>Card G</p> <p>NATIONAL HEALTH SURVEY</p> <ol style="list-style-type: none"> 1. Confined to the house all the time, except in emergencies. 2. Can go outside but need the help of another person in getting around outside. 3. Can go outside alone but have trouble in getting around freely. 4. Not limited in any of these ways.
<p>Card B</p> <p>NATIONAL HEALTH SURVEY</p> <p>Check List of Impairments</p> <ol style="list-style-type: none"> 1. Deafness or serious trouble with hearing. 2. Serious trouble with seeing, even with glasses. 3. Condition present since birth, such as cleft palate or club foot. 4. Stammering or other trouble with speech. 5. Missing fingers, hand, or arm. 6. Missing toes, foot, or leg. 7. Cerebral palsy. 8. Paralysis of any kind. 9. Any permanent stiffness or deformity of the foot or leg, fingers, arm, or back. 	<p>Card D</p> <p>NATIONAL HEALTH SURVEY</p> <p>For: Housewife</p> <ol style="list-style-type: none"> 1. Cannot keep house at all at present. 2. Can keep house but limited in amount or kind of housework. 3. Can keep house but limited in outside activities. 4. Not limited in any of these ways. 	<p>Card F</p> <p>NATIONAL HEALTH SURVEY</p> <p>For: Children under 6 years old</p> <ol style="list-style-type: none"> 1. Cannot take part at all in ordinary play with other children. 2. Can play with other children but limited in amount or kind of play. 4. Not limited in any of these ways. 	<p>Card H</p> <p>NATIONAL HEALTH SURVEY</p> <p>Family Income during past 12 months</p> <ol style="list-style-type: none"> 1. Under \$500 (including loss) 2. \$500 — \$999 3. \$1,000 — \$1,999 4. \$2,000 — \$2,999 5. \$3,000 — \$3,999 6. \$4,000 — \$4,999 7. \$5,000 — \$5,999 8. \$7,000 — \$9,999 9. \$10,000 and over.

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